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ORIGINAL PAPERS

THE CONCEPT OF A NORMAL MIND¹

By ERNEST JONES, LONDON

What constitutes a 'normal' mind, and whether such a thing can actually exist, are questions of considerable theoretical, and sometimes of practical, interest. Even if we conclude that in an absolute sense no mind can be entirely and completely normal it is nevertheless worth asking what would be the attributes of such a mind. For, with such a standard before us, it would be easier to determine how far a given mind under treatment had progressed in the direction of normality.

Theraputists are principally concerned with such gross deviations from normality as cause no difficulty in deciding whether or not they are deviations; and that is probably the reason why the present question has not found much consideration in psycho-analytical literature. If a person can never leave the shelter of his home lest a thunderstorm come on and he be struck by lightning, or lest he be run over by a motor car, his attitude may exhibit a certain inexorable logic, but a logic so unyielding to other considerations would if 'logically' extended make life impossible, and few criteria of normality could be chosen that would not label such behaviour as 'abnormal'.

In work of this order one feels little need to ponder on careful definitions of normality, and, if asked to produce one, it is easy to be content with such general phrases as 'a mind functioning efficiently', 'a healthy mind', 'an organism well adapted to reality', 'a personality achieving its maximum of happiness', 'a personality in good contact with the social standards prevailing in the environment'. All these phrases are useful at times and serve to recall to our mind certain standards of value; they prove quite adequate in practice for gross work in psychopathology. Reflection soon shows, however, that they one and all beg the question by assuming that something, e.g. efficiency or health, has been previously defined when in fact it has not.

The case is different when we have to do with variations of conduct that depend on types of character, and in these days, when character-analysis plays a much larger part in our work than it used to, the judgement of what constitutes normal conduct or normal psychological reactions often presents considerable difficulty. Investigations carried out in this direction, particularly by Edward Glover, Melanie Klein and other workers in England, have led us to adopt a much more sceptical attitude to what passes currently as

mental normality and to scrutinize more carefully the generally adopted criteria of normality. They give special point to a criticism of psycho-analysis which was made many years ago by Wilfred Trotter (1916)—one which stands out from the monotonous series of prejudices and misunderstandings that usually do duty for criticism in this field. Trotter suggested that the conclusions of psycho-analysis would be more cogent if they did not so often imply an unthinking acceptance of the normality of the social environment. He evidently meant to advocate that to achieve a comprehensive judgement in psychology one needed to analyse the so-called 'normal' as well as the obviously neurotic, and that to judge the latter by the standard of the former might well introduce serious fallacies in the generalizations formulated. His actual words are as follows: 'To those who have approached Freud's work solely by the path of medicine the idea that it can give any one the feeling of a certain conventionality of standard and outlook and of a certain over-estimation of the objectivity of man's moral values will seem perhaps merely absurd. That this is an impression which I have not been able altogether to escape I record with a good deal of hesitation and diffidence and without any wish to lay stress upon it. Psycho-analytic psychology has grown up under conditions which may very well have encouraged the persistence of the human point of view. Originally its whole activity was concentrated upon the investigation and treatment of disease. Many of its early disciples were those who had received proof of its value in their own persons, those, that is to say, who had been sufferers from their very susceptibility to the influence of human standards. The objective standard of validity by which the system was judged was necessarily that of the physician, namely the capacity to restore the abnormal mind to the "normal". Normal in this sense is of course no more than a statistical expression implying the condition of the average man. It could scarcely fail, however, to acquire the significance of "healthy". If once the statistically normal mind is accepted as being synonymous with the psychologically healthy mind (that is, the mind in which the full capacities are available for use), a standard is set up which has a most fallacious appearance of objectivity. The statistically normal mind can be regarded only as a mind which has responded in the usual way to the moulding and

¹ First published in Schmalhausen's *The Neurotic Age*, 1931.

deforming influence of its environment—that is, to human standards of discipline, taste, and morality. If it is to be looked upon as typically healthy also, the current human standards of whose influence it is a product must necessarily be accepted as qualified to call forth the best in the developing mind they mould. Writers of the psycho-analytic school seem in general to make some such assumption as this.'

Trotter's remarks were useful as a warning to slipshod thinking in analytical circles, a commodity by no means unknown, but they do not constitute a valid criticism of psycho-analysis itself. Three rejoinders may be made to them. To begin with, they hardly did justice to the practical consideration that in gross pathological work, with which psycho-analysts were for years mainly concerned, it was quite safe to contrast extreme neurotic deviations with the socially 'normal', an attitude which in no way precluded a subsequent estimation of the latter on analytical lines. In the next place, there were never wanting indications in the psycho-analytical literature that these more general questions were merely being held in suspension without prejudice to further investigation. No one familiar with Freud's own writings, for instance, could be in doubt concerning his very open-minded attitude—one sometimes dubbed pessimistic—on the supposed normality of the normal or the ultimate validity of accepted social standards of civilization. Already in one of the first of his books, the *Traumdeutung* (1900), he quotes with evident approval a passage from Zeller on the normal mind: 'An intellect is rarely so happily organized as to be in full command of itself at all times and seasons, and never to be disturbed in the lucid and constant processes of thought by ideas not merely unessential, but absolutely grotesque and nonsensical; indeed, the greatest thinkers have had cause to complain of this dream-like, tormenting and distressing rabble of ideas, which disturbs their profoundest contemplations and their most pious and earnest meditations.' And a paper of great sociological interest written not long afterwards (1908) evinced a penetrating scepticism on the subject of prevailing social standards. He betrayed this underlying attitude time and again in his works, culminating in a recent book (1929) for which he has been much reproved by the cheerful believers in easy progress. Amongst other psycho-analytical writers who have dealt with the same theme, an essay by Stürcke (1921) should be mentioned as providing reflections on the normal mind searching and sceptical enough to satisfy the most exigent. Stürcke came to the conclusion that Western Civilization is built on an attitude towards life characteristic of a particular form of obsessional neurosis which he defines under the name of 'metaphrenia', extending thus and rendering more precise the comparison of civilization with disease

that Ruskin, Edward Carpenter and other English sociologists had made. In a highly interesting study of the various definitions that psychiatrists, jurists and others have attempted of insanity he has no difficulty in demonstrating their arbitrariness and maintains that the only tenable definition of an insane person is a person who threatens to unmask the unconscious (i.e. insane) mentality which the community finds intolerable. Finally, even if we were not in a position to adduce these examples—and it would be easy to cite others—and even granted slipshod thinking on the part of psycho-analysts, it would still remain true that there is nothing in the method of psycho-analysis itself that binds the theory to any preconceived conception of normality in the average human mind. And, as I remarked above, recent work has amply demonstrated in detail the independence of psycho-analysis from any such preconceptions.

If now we cast back to the series of casual definitions of normality mentioned above it is easy to perceive that they fall into two main groups: (1) those depending on the criterion of happiness, and (2) those depending on that of adaptation to reality. By reality we can in this connection only mean psychological reality, and this in its turn may be reduced to mental contact with the individuals comprising the particular environment of the subject. Such contact does not necessarily imply acceptance of the environmental standards, but it does imply a sensitive perception of them, and a recognition of their social significance, when deciding on a course of conduct or when estimating the impression a given response to other people will make on them. The mental attributes here concerned evidently depend on a feeling-relationship with other human beings which needs further definition, but which must be of central importance in deciding on any criterion of normality; it is a matter to which we shall have to return later. The first criterion, that of happiness, is doubtless also one that relates to certain fundamental qualities, but there are difficulties in the way of using it quite empirically. In the first place a subjective judgement must come into play—apart, of course, from gross deviations—in estimating whether a given person is happier or less happy than is to be expected from his particular fate in life, in estimating how much influence is 'normally' exerted by this or that misfortune, grief or difficulty. We reach in this way the general philosophical consideration of the value of life, of whether it is more 'normal' to be an optimist or a pessimist, to enjoy life or to endure it. With the milder forms of cyclothymia we may often make the interesting observation that the patient in his depressed mood has a vivid sense of now being more normal, of perceiving life as it really is, and of recognizing that in his gayer mood he was merely being influenced by various illusions that distorted his perception of reality. Nevertheless, deep analysis constantly

shows that even the philosophic pessimism about life is bound up with internal inhibitions of enjoyment and self-content which, from their origin and their fate after analysis, can only be regarded as artefacts in the evolution of the individual. And we find, further, that lasting impairment of the natural zest of life—I use the word ‘natural’ deliberately, having in mind what we know of the importance of the pleasure principle in biology—is more often the result of such internal inhibitions than of externally inflicted misfortune, however severe and however lasting.

The concept of ‘efficiency’ would appear to stand midway between the two just mentioned, of happiness and of psychological adaptation. Efficiency in life is not easily thinkable with anyone who is either excessively influenced by other people or is quite insensitive to their feelings, for both of these attitudes proceed from unsolved conflicts in the psychological relationship to others and merely represent different reactions to these unconscious conflicts. Nor is it compatible with a state of mind destitute of all gusto, where no achievement seems much worth while. It should further be remembered that in using any concept of efficiency as a criterion of normality it is important to distinguish between merely external success in life, where opportunity plays such a large part, and internal success, i.e. the fullest use of the given individual’s powers and talents. All these considerations lead one to infer that behind the expressions ‘happiness’ and ‘feeling-relationship’ there probably lie attributes of central importance to our present theme.

We observed earlier that the usual therapeutic standards of normality, relating as they mostly do to obviously pathological material, are necessarily of a low order, and it is desirable to illustrate this consideration further. Our test of therapeutic success, as is well known, is not simply the removal of manifest symptoms, but the providing of channels from the unconscious to consciousness free enough to ensure a permanent flow of energy from the one level to the other that will make the subsequent re-forming of any psycho-neurotic symptom impossible. Such symptoms are of course not an inevitable product of development; they represent the last desperate device for dealing with unsolved conflicts between anxiety and guilt on the one hand and various libidinal forces on the other. When the anxiety and guilt which have caused the undue repressions have been sufficiently dissolved by analysis, and the conflict between them and the libido thus lessened, the latter becomes redistributed more diffusely instead of being expressed in psycho-neurotic symptoms. Now it constantly happens in the course of analysis that the patient receives what might be called bonuses in addition to the actual benefit he expected on coming for treatment. The reasons for this gratifying state of affairs are twofold. The patient is sure to dis-

cover a number of symptoms he had not previously recognized to be such; he has perhaps thought of them before under names like ‘idiosyncrasy’, ‘peculiarity’, ‘lack of interest’, ‘dislike’, and so on. In the analysis these are of course resolved just like other symptoms. The second reason is that it is impossible to confine the analytic freeing to the specific energy locked up in the manifest symptoms themselves. As is well known, the curiously indirect technique of psycho-analysis does not permit of this, and the fortunate result is that there comes about a general freeing of the personality in addition to the relief from the actual symptoms. We thus obtain a visible proof of what William James long ago surmised, namely, that there is in everyone a very considerable quantity of psychical energy locked up, not at the disposal of the personality. We can even specify the way in which this has come about. The diminution in the amount of free energy is due to waste through internal friction: with pronounced unconscious conflicts much energy is either held in latent suspense by repression or else is expended in the endeavour to create neurotic substitutes for more direct modes of expression; while on the other hand a corresponding amount of energy is used up in maintaining the repressions (anti-cathexis).

How unsuspectingly precarious may be the state of balance in a relatively stable personality can best be appreciated by carrying out a series of character-analyses. Nowadays we have far more opportunity for this through patients consulting us on account of social disharmony, with or without manifest psycho-neurotic symptoms, or with apparently normal candidates who present themselves for the study of psycho-analysis. In work of this kind one is often astonished to observe how a comparatively good functioning of the personality can exist with an extensive neurosis, or even psychosis, that is not manifest. Various reaction- and character-formations cover over the underlying neurotic or psychotic condition, which often makes a dramatic appearance at even an early stage of the analysis.

All the considerations brought forward up to this point are, or should be, truisms to the psycho-analyst, and I wish now to mention one which has not received adequate notice in psycho-analytical literature. A thorough analysis, we know, has the effect not only of removing any manifest psycho-neurotic symptoms, but of so dealing with the fundamental conflicts and complexes as to bring about a considerable freeing and expansion of the personality. In so doing it leads to changes of a general order in the character and even intellect, notably in the direction of increased tolerance and open-mindedness. But it could be used for a still further purpose which, in my opinion, would be of great interest and value if attempted. Mainly because of the length of time consumed, an analysis is customarily brought to an end when the unconscious conflicts have been resolved and when the

empirical results desired are achieved. There is no motive as a rule to make use of the work done by applying it in detail to the conscious (and pre-conscious) layers of the mind. An impartial observer cannot fail to be struck by the disconcerting fact that analysed people, including psychoanalysts, differ surprisingly little from unanalysed people in the use made of their intelligence. Their greater tolerance in sexual and religious spheres is usually the only mark of a change in the use of the intellect. In other spheres they seem to form their judgements, or rather to maintain their previous convictions and attitudes, on very much the same lines of rationalized prejudices as unanalysed people do. Fads and cranky attitudes, of course, one can count on being altered by an analysis, and opinions on subjects directly connected with analytical problems, such as mental responsibility in crime, are sure to be modified. But I am thinking rather of the main mass of opinions on current topics and events of the kind that make up social life and conversation, opinions which are demonstrably far from objective and which there is every reason to think are extensively influenced by the distorting effects of unconscious complexes. Here it is striking to observe how little advantage is commonly obtained from psycho-analysis in comparison with what one knows must be potentially available. Analysts and other analysed persons often continue to hold heatedly the same convictions and to employ in support of them the same rationalized arguments as unanalysed people in such matters as political controversy: the sacrosanctity of private property and the capitalistic system or, on the other hand, the panacea of communism; the relative advantages of free trade and tariffs; the fallacies of a managed currency, of the gold standard, or of bimetallicism; in the varying attitudes towards the manifold fields of art; in feelings about fashions or differences in social class; in the conventional estimates of historical and political personages and events; in the important sphere of national prejudices and convictions; in views about foreign problems (the relation of one's own country to others). As the last War showed, analysts are as pacifist in peacetime and patriotically militarist in wartime as their fellows, and for just the same reasons. Even in the sphere of pathology itself analytic scepticism has not been pushed far: one can, for instance, find medical analysts who fully share their colleagues' superstitions about the climatic origin of influenza or rheumatism, not to mention innumerable other ones.

I have no doubt that it would be an extraordinarily interesting experiment, and one of great profit socially, to conclude an analysis by applying its findings to the various conscious and pre-conscious convictions of the kind just mentioned,

to elucidate and estimate the part played by the unconscious in forming them. But who would bell the cat? Who is himself sufficiently objective and well-informed² to undertake such a task? Still, the same question might once have been asked in regard to exploring the unconscious itself. A pioneer was found then, and he will doubtless be found again. Then we shall learn much of value about the relationship of unconscious complexes and social interaction, and thus gain knowledge that would aid us in the study of normality.

Even without this knowledge, however, I think it is possible to make a beginning in constructing the desired concept of normality. We have abstracted from the customary definitions the attributes of happiness, of efficiency in mental functioning, and of a positive social feeling-relationship, and have postponed analytic consideration of them. If we now attempt this, we may hope to attain more stringent criteria of normality than is otherwise possible.

We will begin with the last mentioned of the three attributes, the *relation to one's fellows*. In his important contribution to our knowledge of evolution in the normal, Abraham (1925) cautiously stated that the most complete development presupposes 'a sufficient quantity of affectionate and friendly feeling', and he correlated this with the degree to which narcissism and ambivalence have been transcended in the course of development—a process of which he gave a signal example in his own life.

We are unfortunately far from possessing any method of quantitatively measuring degrees of friendliness and affection, or any way of estimating the amount one would expect to find in a 'normal' personality or the proportion between it and other components. Nevertheless we are in a position to make a number of qualitative statements that have a definite value in giving an approach to this difficult problem. Let us begin by considering Abraham's formula. We can at once say that the greater part of what used to be called narcissism, or self-love pure and simple, is of a secondary nature. It is a matter rather of regression brought about as a flight from difficulties in the Oedipus situation which the child has not been able to surmount. Similarly the retaining of an ambivalent attitude, an alternation or entanglement between love and hate, is also a regressive flight into the primitive instinct of hate, which is used as a defence against the difficulties in question. The precise nature of these difficulties, and what the surmounting of them signifies, we shall presently discuss.

We can further say that certain forms of what may be called excessive friendliness and conciliatoriness, including a good deal of philanthropic benevolence, however agreeable such qualities may

² It may be remarked that both the acquiring (and especially the non-acquiring) and the selecting of know-

ledge are extensively influenced by unconscious complexes.

be socially, are not really simple manifestations of the love instinct. They are exploitations of this instinct, the main function and meaning of which is the repression, by 'reaction-formation', of unresolved sadism. The sadism often enough comes to expression in other spheres, such as with the professional philanthropist who makes his home life a misery by his morose disagreeableness, or with the notorious truculence of so many political pacifists. This simple consideration, easily confirmed in actual analyses, at once precludes us from estimating the amount of friendliness in a given personality merely by observing what is apparent; as with dreams, the latent content is far from being identical with the manifest. An apparently soft and yielding nature is by no means necessarily the mark of a loving nature. It may simply mean that the unconscious sadism has been retained in its primitive state, needing the energy of reaction-formations to keep it there, instead of being transformed into the valuable character traits of firmness and strength with which to meet the difficulties of life or, if necessary, to resist the will of one's adversaries.

On the other hand it is equally certain that much of what passes as 'strength of character' is an illusion. Such traits as obstinacy, pugnacity, extreme 'individualism', cynicism, hardness of heart, insensitiveness to the feelings of other human beings, however useful they may on occasion be to their owner, are often little more than defences against love of which the person is too afraid—or, more strictly, of possible consequences of this love.³ A matter-of-fact attitude of being 'superior to sentiment' is often a buttressing of the personality, a self-justification in the presence of deep-seated fear.

We thus see that the degree of friendliness and affection is to be estimated by the *internal freedom* of such feelings rather than by the quantity of them that may be manifest. It will then be found that this freedom is accompanied by a slowness of response to hostility or even to opposition. The assimilation and control of the unconscious sadism, the same thing that allows love and friendliness to flow easily, begets an inner confidence and security that enable the person to endure opposition calmly and to be so unintimidated by hostility as to render aggressive opposition on his part unnecessary except in extreme and urgent situations. It will be seen how different this confident serenity is from the neurotic conciliatoriness of the type described above, though a superficial observer may at times confound the two. Psychologically they are poles apart, one being born of confidence, the other of fear.

A word should be said here on the matter of homosexual and heterosexual affection respectively. Experience would appear to show that there exists a certain correlation between the two, so that, for

instance, it is rarely possible for a man both to love women and to hate men. Clinically the question is often more confused than this. Thus a man may unconsciously work out both sides of his nature on the opposite sex only; ignoring men, he may then attain a certain expertness in sexual technique—uncontrollable passion often alternating with impotence in a way that attracts many homosexual women—but fundamentally he is ambivalent or even hostile to women and never truly loves them.

These few remarks are only an abstract from the volume that could be written on the complicated problems of love and hate, of friendliness and animosity. I cannot conclude them, however, without making some slight reference to what is perhaps their most important social aspect, and one of the most difficult psychological aspects of the problem—namely, the assessing in the 'normal' of the relations between the interests of the individual and those of society. For a full discussion of the problem, especially in its sociological and biological aspects, the reader is referred to a paper by Flugel (1921). From the point of view of psycho-analysis it is established that neurotic tendencies can lead to extreme attitudes in either direction. It can be shown, for instance, that selfishness at the expense of the community may be due to unconscious fear and repression, while on the other side quixotic self-sacrifice may proceed from unconscious guilt. That is not to say that every extreme attitude is necessarily neurotic. If we take the most extreme of all, the sacrifice of life for country in war, are we to say that the man who refuses to join in what he regards as a meaningless massacre is more normal than the man who feels that life is not worth living unless he has done all in his power, at every cost, to help his particular country win a particular fight? Doubtless more people would say so in time of peace than in time of war, but I may quote my own experience of analyses since the last War, which indicate that the contrary view does not apply to wartime only. I have analysed several conscientious objectors who had to recognize in the course of the analysis the neurotic basis of their attitude and who declared at the end of it that if called on to make the same decision again they would make a different one, whereas I have never analysed an ex-combatant who at the end of the analysis adopted the attitude of a conscientious objector. When we come to consider the problem of conscience, with which the present one is in essence identical, I will suggest a criterion for testing the normality of the relation between individual and social interests, and would only add here the reflection that the line of demarcation may prove to be somewhat different in the two sexes—it being possible that with a normal man loyalty attaches to a larger group than with a normal woman.

³ In his study of Baudelaire, René Laforgue (1931) has delineated with striking insight the deep fear of surrendering oneself to happiness.

We now pass to the second of the three attributes mentioned earlier—namely, that of *mental efficiency*. As we have seen, it is related to the other two, and at this point I intend to bring forward only one consideration, which seems to concern it more directly than others that could be mentioned. We assume, for good reasons, that all the energy employed in the pursuit of any activity is ultimately derived from primitive unconscious sources, and it is therefore plain that the optimum condition for the 'efficient' expenditure of this energy must be an unimpeded flow of it. Any state of affairs in which the flow is constantly hampered to some extent, or is exposed to temporary interruption, will be one where efficiency is temporarily or permanently below its potential maximum. Now the difference between these two conditions is the difference between sublimation and displacement. A great deal of what commonly passes for sublimation is really displacement, or at best imperfect sublimation. There are two essential distinctions between these processes. In displacement the psychological significance of the external conscious activity remains more or less that of the original unconscious impulse: the one is little more than a substitute for the other and is thus subject to whatever conflicts, compulsions or inhibitions may influence the latter. This explains why fiery energy may at times be devoted to an external activity, in what is inherently a compulsive fashion, and yet may be fickle or temporary in its course; the person is really reacting to an unconscious complex, with its urges and inhibitions, rather than to the external stimulus. The second distinction is related to the first, but is less easy to define. It is that in true sublimation not only has the external activity or interest come to have a greater significance than the original unconscious source from which the energy is derived, but also that the nature of the energy has undergone some qualitative change. Freud speaks of desexualized energy in connection with sublimation. This is very likely the essence of the matter, but it is plain that we are still some distance from understanding the precise nature of the change. Whatever it may be, it is certainly compatible, oddly enough, with the zest of the original wishes being retained to the full.

Finally we have to consider the first-mentioned of the three attributes, *happiness*, the one I would select in spite of Bernard Shaw's dictum to the contrary as probably the most important of the three. It need hardly be said that by *happiness* we do not here mean simple pleasure, but a combination of enjoyment—or rather the capacity for enjoyment—with *self-content*. The reason why these two things go together is that where self-content is deficient it means that unconscious guilt is operative, which will surely impair the capacity for enjoyment, either at times or always.

Two conclusions are forced on us here by psycho-

analytical experience: first, that impairment of happiness, in the broad sense just given to it, is always due to the triad of fear, hate and guilt (in psycho-analysis 'guilt' is a shorthand expression for 'unconscious feelings of guiltiness that give rise to the need for self-punishment'); and, secondly, that the difficulties in development responsible for the inhibiting effect of this triad are in essence those of the Oedipus situation. The inter-relationships between the members of the triad in question, with which I have attempted to deal in a previous paper (1929), are quite extraordinarily complicated and are characterized by a curiously recurrent stratification. This is not the place to recapitulate them and I must content myself here with a few summary statements. Although in clinical practice an upper layer of fear, e.g. with phobias, is certainly secondary to deeper guilt and hate, an ultimate analysis nevertheless shows that fear is the most fundamental member of the triad. Personally I have long shared the opinion, expressed more than half a century ago by a German writer, Dick (1877), that anxiety is the Alpha and Omega of psychiatry, and that the various complex fixations of attitude we have to resolve in analysis are in the last resort defences against intolerable anxiety; I would unhesitatingly extend this view to the field of normal psychology and maintain that on the way in which any individual deals with the primordial anxiety of infancy more depends than on anything else in development.

As was pointed out earlier, many unsocial attitudes, e.g. selfishness, antagonism, are really defences against something within, which the individual has found intolerable and so has been unable to master. In measuring, therefore, freedom from anxiety, one cannot be content with observing the merely manifest freedom, but must also take into account the cost at which this apparent freedom is maintained, i.e. the presence or absence of secondary defences. The hate group, with all its varieties and ramifications, well illustrates this. The infant's chief help in dealing with its difficulty of enduring libidinal privation or frustration, with the anxiety to which it leads, is to have recourse to the reaction of hate (anger, etc.), a fact probably related to the large component of sadism in its libido. This, however, leads to further fear (of retaliation and self-injury) and becomes sexualized in its turn, thus affording a sadistic outlet. Much of it is then turned inwards, constituting unconscious guilt—with both its sadistic and its masochistic sides.

Unconscious guilt plays such a large part in analytic work, and is so evidently the foe to freedom, that patients often raise the question whether conscience in any form is not to be regarded as a morbid entity. And indeed the word 'conscience' may well be taken as the crucial point of the present discussion, for round it centre

all the problems of the relationship of the individual to society, of gratification and restraint, and the fundamental reactions to anxiety. It is commonly defined as the conscious part of the super-ego, being thus distinguished from unconscious guilt. The definition is certainly imperfect and is also not quite accurate in either direction. At least two further considerations must be taken into account. One can distinguish between a super-ego actuated (especially in its relationship to other human beings) by guilt based on fear and one actuated by affection, by what may be called negative and positive tendencies respectively. Parallel with this is the distinction between a still sexual super-ego and a desexualized super-ego.

In previous writings I have sustained the view that the deepest difficulty of the child in its earliest development is to endure libidinal tension in the presence of privation without having recourse to one of two reactions: on the one hand to bring about an artificial inhibition with the consequent fear of loss, or on the other to develop the defences of guilt and hate which in their turn lead to further intolerable situations. And I have suggested that this primordial difficulty may be described as a vague dread of what I have called the issue of aphanisis, i.e. paralysis brought about by continued and unrelieved over-excitation.

When these two defensive reactions in their turn create difficulties, the outcome is a neurosis, so that from this vantage point we surmise that the psychological problem of normality must ultimately reside in the capacity to endure—in the ability to hold wishes in suspension without either renouncing them or ‘reacting’ to them in defensive ways. Freedom and self-control are thus seen to be really the same thing, though both are badly misused concepts.

We reach the conclusion that the nearest attainable criterion of normality is fearlessness. The most normal person is, like Siegfried, ‘angstfrei’, but we must be clear that we mean by this not merely manifest courage, but the absence of all the deep reactions that mask unconscious apprehensiveness. Where these are absent we have the willing or even joyful acceptance of life, with all its visitations and chances, that distinguishes the free personality of one who is master of himself.

It may now well be asked whether a criterion born of psychopathology can possess more than a very limited validity, and what is its relation to other criteria that may be arrived at by other disciplines. Personally I should not be inclined to rank psychopathology low in this matter. In an address recently delivered in America (1930) I instituted a plea for the precedence of psychopathology, with its technique for exploring the depths, over any form of psychology of the normal, which has to be content with the surface of far more distorted and obscure material. A biological criterion, such as, for example, the maximum

survival-value to the species, suffers from the shifting standards and aimlessness of evolution, or else it approximates to the one here put forward—namely, the fullest possible development of the organism. As to philosophical or æsthetic criteria, it would not be hard to show that the subjective idealism on which they are based represents only individual forms—of therefore limited validity—of the criterion here advanced.

* * *

The Editor of this book had asked me to give my opinion on the question of whether a normal mind exists. I have dealt with the problem on somewhat different lines, but perhaps I may be allowed in conclusion to attempt a personal answer to his question. It will conduce to clearness if we subdivide the question into three: what is a normal mind? does such a thing actually exist? and can such a thing ever exist?

My answer to the first of these questions is that by adopting the criterion of unimpeded development we have advanced some distance towards establishing an objective standard of normality. Very much has still to be learned about the different ways in which that standard can be attained and the different forms it can assume according to the interplay of inherited characteristics and the influences of the particular environment. But the problem does not appear to be an insoluble one. In centuries to come, when the social and educational sciences take note of the findings of depth psychology, the knowledge gained by studying this problem will be perceived to be of inestimable practical value, and will rank as not the least of the gifts which psycho-analysis has bestowed on the world.

The second question is the easiest of the three to answer, and definitely in the negative. We have no experience of a completely normal mind. If we think at random of well-known names having some title to the claim, from possessing unusual freedom and balance of personality, or sanity of judgement, or from exhibiting other marks of normality in a pre-eminent degree—names like Bright, Darwin, Faraday, Freud, Goethe, Huxley, Leonardo da Vinci, Napoleon, Shakespeare, Washington—a psycho-analyst would have no difficulty in demonstrating some measure of deflection in development with each of them, and often enough manifest neurotic reactions. Nor does psycho-analysis, even in young children, offer at present any prospect of removing every trace of the deepest layers of anxiety.

The third question should perhaps be subdivided into two. (1) Is there any reason to suppose that a mind could be ideally normal in the absolute sense? As we do not meet absolute perfection elsewhere in the universe, even in Newton's Laws of Motion, it would be astonishing ever to find it in such a wry locality as the mind of man. (2) Is there any reason

to expect normality, in the more limited and almost clinical sense here adopted, in the future when early mental development is better understood and seriously cared for? I do not know.

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A CONTRIBUTION TO THE PROBLEM OF SUBLIMATION AND ITS RELATION TO PROCESSES OF INTERNALIZATION¹

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In this paper my aim is to point out and discuss certain aspects of the sublimatory processes which in my opinion have not so far been investigated or perhaps sufficiently described. They involve consideration of unconscious phantasies related to internalized objects.

I am taking the artistic productivity of a painter as an example, although I am well aware that in this type of sublimation there are some specific factors operating which are still obscure. I do not aim at dealing exhaustively with the vast subject of sublimation, and the material will illustrate only those important aspects to which I wish to draw attention.

I start from the psycho-analytical conception that sublimation is a form of discharge of the instinctual drive to creation (procreation). I will recall Freud's original concept of sublimation as an activity in which the sexual impulse is deflected from its direct aim but does not succumb to repression, which leads to achievements serving a social or higher interest and involves an adaptation to reality, i.e. the progress from the pleasure principle to the reality principle. Gratification on the part of the ego is also an essential element in sublimation; since the ego does not have recourse to repression, it is not restricted and impoverished but enriched by the sublimatory activity. This last point, the conscious gratification, bound up with the experience of expansion and development of the ego, seems to me an important indication that a sublimatory activity is successful, although it may be of short duration only and give way to various forms of discontent, or even to depression and despair. Complete absence of it, however, would suggest to me that there is some serious disturbance in the sublimatory process.

When I use the term 'ego', I am not thinking

so much of an organization which is firmly established and demarcated in contrast to other parts of the personality—indeed, Freud has warned us against being dogmatic in this matter—but of the sum-total of an individual's feelings, emotions, impulses, wishes, capacities, talents, thoughts and phantasies, in short, all those psychic forces and formations which a person (assuming that his consciousness reached so far as to embrace so much) would identify as his own and which would make him feel: 'That is I.' Actually most of our patients suffer from not having achieved this experience and I think that it is one of the essential tasks of analysis to help them so to find themselves. This, if successful, goes along with widening the boundaries of the personality and increasing its capacity to tolerate the fight with the inner and outer world.

The patient I am going to describe is a painter in her early thirties, an intelligent and attractive person. She comes of a middle-class family. Her father's profession took him about to sea-port towns and this made a stable home life difficult for the family. The patient has vivid recollections about anxieties in stormy nights on the Scottish coast and of blissful happiness in being beside her mother by a cheerful fireplace. Her one-year-older brother was until puberty her intimate companion and an object of intense feelings of love and hate, domination and jealousy, guilt and envy. Her early sexual games with him, a source of pleasure, guilt and anxiety, proved a lasting influence on her later sexual life. In the analysis her parents were for a long time divided into good and bad objects, in that her father was felt to be entirely good with admirable qualities—intelligence, humour, creativeness—and her mother entirely bad—stupid, dull and narrow-minded. All happy experiences with her, such as that by the fireside, were denied

¹ Expanded from a paper read before the British Psycho-Analytical Society, July 5, 1939.

or at least ignored.² Only when the anxieties and feelings of guilt, requiring such an extreme separation of love and hate, and leading by such oversimplifications to great distortions of reality, had become allayed, and when the patient became more capable of maintaining feelings of love even to a not perfectly good person, could she admit faults in her father and good qualities in her mother. She then came to see them in a less obsessively tabulated way and more as real human beings. It turned out then that even the humour of her father, which she had valued so highly, had a very bad aspect; for he had treated her as a funny little thing and refused to take her seriously, whereas her mother to whom she had denied any sense of humour and understanding showed a kindly appreciation of her conflicts.

The family moved about a good deal, but the final blow to security and family unity fell in her early teens when her father left her mother. The standard of the family life changed abruptly. Her mother went to work in a factory to earn a living for herself and the two children. A most painful and dramatic event brought her father back, after he had got into serious trouble from which his wife rescued him. But he was not the same man as before; the relation between the parents was gravely disturbed, and, as it seems, never fully repaired. Her father returned a broken man and became addicted to alcohol, and his death at a comparatively early age appears to have been precipitated by his alcoholism.

The father's desertion of the family led to striking changes in his daughter. She had been a good, though mischievous pupil, but now her achievements in school deteriorated conspicuously, and she became uninterested and restless. After school she attempted various trainings and kinds of work, none of which satisfied or stabilized her. When she came of age she broke away from the family to live independently and lived an unconventional, wild and unhappy life. By chance she was introduced to Freud's works and she read his books with an eager interest which resulted in her coming for analytic treatment herself.

When she came to me she was suffering from intense depressions with suicidal tendencies, inhibitions in her work of painting, disturbances in her sexual life and an addiction to morphia, the extent and significance of the symptoms becoming apparent only in the course of analysis.

As a result of analysis all these disturbances have been to a large extent overcome. She has married a man with whom she has a satisfactory relationship in many respects although full sexual gratification has not yet developed. She is infinitely happier

than she ever was before; in fact she has learned what it means to be happy. She mixes well with people of different types and has an open and keen interest in actual events. Her capacity for sympathy and helpfulness has developed. She takes a lively part in the world around her, and—what she values most of all—has attained to real creative power in her painting and has made a name for herself in the artistic world.

I shall now describe the course of this analysis with reference only to the connection between her phantasies about internalized objects and her artistic productivity.

The first period of the analysis covered the work of penetrating behind an attitude of dissimulation about the severity of her illness. Above all she tried to gloss over the morphia-addiction, and some time was needed before she gained sufficient confidence in me to enable her to show more freely how much she was really suffering. Thus I did not at once realize the psychotic character of her anxieties, since on the whole she did not give the impression of being a psychotic patient. In my opinion it is one of the great gains of the new research by Melanie Klein (1932, 1935 and 1940) and her school into the processes of internalization that we have become able to discover and analyse psychotic traits in people who are classed as neurotic.

After this first phase, the analysis found access to the full depth of her depressions and her persecutory anxieties, which were intimately bound up with her morphia-addiction. During this period she was mainly engaged in drawing from the model. These drawings showed strong, but rather gross and coarse lines. Without laying claim to an expert understanding of this matter I would say that they definitely showed talent, but perhaps hardly more than that.

When the analysis proceeded to deeper levels it became clear that her depressions were related to a system of phantasies in which she felt herself possessed and inhabited by devils. These devils—at the beginning of the analysis they were innumerable—persecuted her constantly and in ever-varying ways. They roamed about inside her, caused her physical pain and illnesses, inhibited her in all her activities, especially in painting, and compelled her to do things she did not want to do. When she wanted to get up in the morning they moved about violently in her stomach and made her vomit. When she wanted to paint they interfered. They would roar with laughter when she tried to achieve something. They would force her to go to the lavatory constantly, and during a certain period she had to urinate so frequently that it disturbed her work seriously. They had forks

² It will be seen later that, although this view of the father as good and the mother as bad is part and parcel of the familiar Oedipus attitude, such an exaggerated, uncompromising and compulsive form of it is no simple and direct expression of Oedipus feelings. It is rather a complicated outcome of phantasies concerning both

libidinal and aggressive wishes for and against both parents, and defences against these, i.e. the separation of the parents was the essential aim in it, as an expression of the patient's necessity to keep her own love for them separate and unaffected by her hate for them in her inner world.

with which they prodded and attacked her in the most cruel ways. They would eat her up from inside and force her to take food for them. But she felt she could not eat because they would poison her with their excrement and thus turn the food into poison. Owing to these persecutions she was in agony, especially when painting.

All these phantasies became fully conscious during analysis, in particular through the analysis of the transference-situation, and were intensely real and vivid to the patient. No doubt the fact that she possesses the talent of a painter accounts for the richness and vividness of her phantasies and for the comparative ease with which they could become conscious. There was often not a very clear distinction between conscious and unconscious phantasies. The great drive to paint, inherent in her, in the processes constituting her talent, proved a powerful ally to the analysis and to the endeavour to reach her as yet unpainted internal scenes and situations.³

Against these persecutions by the devils she took morphia. Morphia calmed the devils down or put them to sleep or drugged or paralysed them. Morphia also fed and placated them. But they were only temporarily put out of action and with their renewed tormenting the need to take morphia again arose. Gradually the devils became reduced in number and differentiated in type, e.g. 'blue painting devils' and 'morphia devils'. These two types of devils represented her two parents in antagonism to each other carrying out a warlike sexual intercourse inside her, but they were also banded together in a conspiratorial alliance against her. During one period there were three devils of each type.

Phantasies like these which take parental intercourse for a persecutory act arise when the subject stands under the sway of his destructive impulses and his libido is temporarily overpowered. In order to defend himself against the aggressiveness (death instinct) set loose inside himself, the subject directs it outwards, as Freud (1920) has shown, and attributes his own aggressiveness to the object. In this particular situation (that of observing or phantasing parental intercourse), under the impact of jealousy and anxiety the subject's destructive drives become projected on to the parents, so that they are felt to be the agents of destruction. Since in the subject's own processes the fight between the life and the death instinct, love and hate impulses, has entered a phase in which the hate impulses occupy the stronger position, he is unable to perceive parental intercourse as a sexual situation, but interprets, or

rather misinterprets, it as a war—war by each partner against the other and against himself. Impotence and frigidity have an important root in such phantasies.

Actual events and childhood memories were interwoven in these devil phantasies and gigantically distorted; and the transference-situation mirrored them. To give one example for many: in her childhood my patient often 'dared' her brother to do something and *vice versa*. Once he 'dared' her to prick a pin into a workman's buttocks as he bent down, and she did so. In the devil-phantasies this small mischief became magnified and reversed into attacks by the devils' forks upon herself. She dreaded and hated the devils and she wanted to get rid of them, but she also loved them, was proud of them ('Aren't they brainy to be always finding new ways of tormenting me?') and wanted to keep them. Moreover, she needed them to punish herself for her bad impulses and actions.

Throughout this persecution by devils, however, there had also existed in her mind what she called 'the design', and this meant her good parents joined together in harmony with each other and with their children. The design also stood for her own love and creativeness and her capacity to undo the harm she had done to her objects.

Whenever she had some experience of the connection between things—for instance, when the interpretations in analysis joined up various fragments of her associations and made her feel that these associations were not accidental and senseless, but had a deep meaning through which she could appreciate the whole context of the processes in her mind—then she would say: 'That fits into the design.' After an hour, for instance, in which light had been thrown on important factors in her life, she would experience a blissful state of happiness, about which she said: 'I saw my design. It came into me.' This made her love me so much that she wanted to rush to me and to give me all her possessions; on that day she had no need for morphia. The design represented love and creativeness. It was the principle which binds together, and which turns chaos into cosmos. It was an ideal of perfection. When she realized, however, on one occasion that by saying the design comprises everything, good and bad, she used it to justify her bad feelings to herself and to carry out destructive actions, the design was felt to be destroyed and lost, and a deep depression resulted from this experience. Gradually the design became more and more established, and she developed a firm faith in its existence, and was no

³ I believe that the analysis can count on the patient's support where there exists a more or less definite channel for sublimatory activities, especially when these amount to real creativeness. The ego sets great store by its creative abilities. My impression is that this support is greater in artists than, for instance, in scientists. It may

be because the scientist knows that his production will not last in the form he gives it, that his own contribution creates the very means for its being surpassed by the advance of knowledge at which he aims, whereas the artist can feel that his creation is potentially immortal.

longer dependent on getting constant visible proofs of it. The working of her design could be applied more and more to her painting, and her pictures became more and more manifestations of the design.

To return to the devil phantasies. The devils represented the objects of her instinctual drives, both libidinal and aggressive, that is to say, they stood primarily for her parents and her brother, but also for people in her actual surroundings, including myself; and all these objects could be both parts of persons and also whole persons. Moreover, the devils were a cover for her own sadistic and destructive impulses, which she disowned and personified in them.

I will now endeavour to explain how this world full of devils inside her had come about.

The memory-traces of psychical experience, past and present, are not static imprints like photographs, but moving and living dramas, like never-ending scenes on a stage. These inner dramas are composed of the subject and her instinctual impulses towards her original objects (father, mother, brother and their later substitutes, up to and including the analyst), who are seen as they had been felt and are felt to be under the impact of her impulses; in addition, the objects also display her own impulses. Moreover, all the protagonists in the drama, herself and her objects, her own impulses and their responses, derive some features from the actual setting and events of childhood: her own physical and emotional personality during childhood and that of the persons around her, and the things, places and events of that life. Features of the world in which and towards which her instinctual impulses were originally directed, dating from the period of time and the actual occasions in which they were originally felt (and were more or less expressed or denied) become woven into the inner drama played out by her impulses and their objects.

In this way the drama of the internal world took shape originally; and it continues a ceaseless activity throughout life, all subsequent experiences after the original ones providing new scenes, mostly on the pattern of the earliest. Conversely also, the drama of the internal world colours the subject's perception of the external world and lends features of internal phantasy and memory to experiences with present-day external objects. The sense of reality often suffers considerably from this admixture.

I said above that in the inner drama the objects also display the subject's own impulses. This phenomenon is essentially a defence-mechanism against the subject's own evil impulses—a variety of the mechanism of projection and turning outward of aggressiveness (death instinct) discussed by Freud (1920). The object which has been internalized in hate and greed becomes the internal carrier of these very impulses. This comes about by way of many phantasies, which can be summed

up as methods of divesting the subject of his own evil and aggressiveness and transferring them elsewhere, thus relieving the subject of anxiety and also of the guilt resulting from his aggressiveness towards his objects.

At this stage, therefore, the internal drama tells a story of the subject's innocence; its purpose is achieved only when the subject arrives at a point where he no longer feels guilty. My patient's impulses have been projected on to the objects of her internal world: hate and greed actuate them on the stage of her inner drama; *they* are bad, *they* are devils—no blame could be attached to *her*. In thus disowning guilt, however, and denying all responsibility, she is adopting a passive position; she can only feel helpless and persecuted, a victim of all the evil taking place inside her—she has no say in the matter, as it were. Now she has got into a cleft stick, an *impasse* from which there is no way out; since she disowns responsibility, her own capacities are rendered impotent, she can do nothing. One consequence of this is that since her own efforts, the efforts of a human being, can achieve nothing, magic must be introduced, and a magic means from outside must come to her help—*morphia*.

Moreover, the feeling of being inhabited by persecuting creatures (people, animals and things) necessitates energetic defences aimed at destroying these persecutors. But since these defences consist of attacking the persecutors inside the self, they are of no avail as a solution, for they involve the subject at the same time as her objects. The battlefield is in the home country, not on enemy territory. A vicious circle is thus set up and a perpetual warfare ensues which is played out in the subject's internal world—always affecting her external life and often expressed in terms of physical symptoms.⁴

In this way the patient's objects had become devils to her, because she had been a devil to them. A ceaseless war was going on inside her between them and her, or between their allies and hers. Analysis was able to break up this vicious circle by bringing home to the patient her responsibility for her internal objects, their origin in her own impulses which had been active in her relation to her external objects, and the manifold aspects of her motives in regard to external events and her responses to 'real situations', as they are called. Only when the experience of analysis brings home to the patient his own impulses and his responsibility for them (when he is enabled to endure guilt and grief as such and comes to dispense with defending himself against these experiences by persecutory systems) can the internal world become modified, can 'past experiences', 'unconscious memories', be transformed so that they lose their hold over the patient.

Thus a fuller understanding of the internalization

⁴ Cf. below (pp. 13–14) the ulcers which she produced on a certain occasion.

processes shows us in detail the facts implied in Freud's early statement (1910) that 'hysterics suffer from reminiscences'. These memories are not, however, exact replicas in the child's mind of people and events he encountered, but a complicated summation and interweaving of external and internal experiences with live persons in action, as I tried to show above when I described how my patient's world of devils had come about. We must not conceive of the child's mind as if it were a blank photographic film which reflects external scenes exactly and faithfully; it is a film on which the child's instinctual impulses and defences (unconscious and also conscious phantasies) have already taken shape before it is exposed to a given external reality. So that the outcome we call memory is in fact a composite superimposed picture of two worlds in one. What we call a memory-trace would be felt subjectively from one point of view as a situation involving 'internal objects'. A person re-experiences the past in his analysis, because he still carries this past as a living world inside him; and he perceives present reality in a way that is both restricted in quantity and altered in quality by the influence which his 'past'—his internal world—exerts upon him. We find the access to this past—the drama that is perpetually being acted out inside him—through the transference-situation, which enables us to evaluate the interplay between the environmental ('objective') and the subjective factors in the composite picture. However, I cannot attempt here to discuss in detail the way in which our technique of analysis operates in enabling us to come to grips with the patient's internal objects. But I can say that analysis cures the illness caused by 'unconscious memories' in that it deals with these memories in the way they are experienced by the patient, namely, as an internal world of intense actual reality.

It was through the analysis of her devil-phantasies that the patient's whole childhood history was recaptured. The multiple aspects in which she had seen and felt her parents and her brother, and the complicated relationship between each of them, and between them and herself, were faithfully acted out by the devils inside her.

I hope I have succeeded in conveying the feeling of absolute reality which the patient experienced in these phantasies about the devils, and in picturing the intense anxiety states into which these devils threw her. Severe depression, the feeling of absolute unworthiness and suicidal states of despair ensued from this situation of having active devils inside her.

With the analysis of her childhood situation and especially of her penis-envy and her earliest oral anxieties relating to breast and penis, which she dreaded to find destroyed by her insatiable greed, the force of these devils inside her diminished. She came to understand that the devils were her parents and her brother whom she had distorted in this extensive manner by investing them with her own greedy, soiling, persecuting impulses and whom she had devoured and incorporated under the impact of her destructive impulses; that she had created these devils to personify the badness which she could not bear to acknowledge as her own, as part of herself. She gradually realized this, as she became more able to tolerate feelings of guilt and pain; she then no longer felt inhabited by persecuting devils and this type of phantasy practically ceased to exert any influence over her. Included in this process was the development of a greater tolerance towards aggressiveness, her own and other people's. And the greater tolerance enabled her to react with less anxiety towards aggressive situations and to avoid the vicious circle in which aggressiveness increases anxiety and anxiety increases aggressiveness.

Concurrently with the process of understanding her internal world in childhood and its relation to the external world, the craving for morphia diminished. She arrived at a 'gentleman's agreement' with herself of a monthly allowance of four morphia tablets, usually taking part of them during her intense menstruation pains, the other part a fortnight after the menstruation. I cannot here go into the problems relating to the menstruation pains and the phantasies determining their gravity; they were principally determined by cruel and frightening phantasies connected with her penis-envy. She eventually gave up morphia altogether; the menstrual pains became so much reduced that she could go about as usual and even dance during the period.

During the phase I have just described (when her life was dominated by the devils inside her) she proceeded from drawing to painting. The subjects were at first somewhat coarsely symbolical representations, and she showed the urgency of her need to restore her objects by painting huge fathers and huge penises, huge mothers and mother symbols. The first picture painted without her having to take morphia during her work represented this kind of wholesale and massive attempt at restoring the destroyed internal objects. It was in some ways primitive and clumsy; there were very few objects, and an absence of elaboration, differentiation, and movement.⁵

⁵ The primitive character of this first picture painted without morphia, its lack of detail and imagination, expressed the extreme urgency of the danger in which she felt her good objects to be. She had as it were to apply every energy to the single attempt to save their existence and rescue them from a condition of most critical extremity. At such a moment no question arises

of comforting such almost lifeless persons by minor arrangements having no bearing on the main dangers: just as it would never occur to one to put flowers in the sickroom of someone whose life was at that instant threatened by a hæmorrhage. All minor considerations cease to exist when a life-saving operation is a matter of moments.

In the later part of this period, when the devils began to reveal their human origin and when her childhood history was being translated from the 'devil-language', she proceeded to paint Victorian family scenes showing certain of her childhood situations. Here phantasies were worked out more fully; more objects and more events occurred, and details which offered a possibility of variation and differentiation supplied more life and movement.

The painter derived great relief and pleasure from these pictures; she made her name by them in the artistic world, and she even set a fashion. But there was an obsessional element in this form of restoration which interfered with its sublimatory value. She herself became aware of it as an anxiety that she might not be able to paint in any other manner but this and that if she was compelled to go on with this type of painting her possibilities of self-expression would be gravely restricted; if she had no other function in life but that of restoring her childhood objects, she would not attain the full range of a boundless territory in which to develop herself.

The next phase in her analysis was characterized by the disappearance of persecution by devils and also of her very severe depressions and suicidal impulses. There were still anxieties of a persecutory nature, relating to the doings of people she felt were inside her, but they were people and not devils; there were also milder depressions and fewer obsessional features in her relation to painting.

The significance of her striving to paint, moreover, gradually developed into a desire to express herself and to *improve* her internal objects, as distinguished from a compulsion to save them from unutterable destruction.

Ernest Jones (1937) has pointed out the great significance of the difference between doing something out of love or out of a sense of duty. To my mind the biggest advance in the development of the patient's personality was shown, not only when she became capable of restoring her objects out of love instead of from compulsive necessity, but when she began to struggle to do something for herself at the same time. She could then attempt this not in her old way, in which whatever her mother gained she lost and *vice versa*, but in such a way that she could—to some extent—rest assured that she was not still devouring and destroying her objects and need not therefore sacrifice herself utterly and completely for them, but could afford to aim also at the widest possible unfolding and expansion of herself. This in turn would then also enlarge her capacity to restore and benefit her objects.

I do not wish to convey the impression that everything was all right with the patient at this time. She was not yet well and I could enumerate a number of symptoms which showed her neurosis. This holds good also to some degree even for the present phase of analysis. In the phase I am describing she proceeded from painting pictures of

Victorian life to painting life of the present day; and the boundless territory she had sought for her activities was reached in that anything and everything was capable of inspiring her. The pictures of this period show a great advance in colour and composition. During this period her internal objects (previously represented by the devils) appeared frequently in the form of artistic problems. Her interest was thus not only more objective, but far richer and comprehending far more varied details. Her internal conflicts were objectified in terms of æsthetic and technical problems. Instead of suffering from the torments of a devilish father and mother, she struggled with the problems of 'human interest' and 'æsthetic interest' in painting.

I will now refer to a recent session with the patient, though I shall not give a full account of the hour and of the analytic work done in it. To make the situation clear it is necessary for me to describe the setting of the transference which forms the context of the hour. Two recent events had characterized the tone of the transference:

(1) I had surmised correctly from her associations an external factor belonging to a very important event in her past life and she felt that I had made a discovery. It concerned an exceedingly painful experience of her father's when he had left the family.

(2) She had come into contact with a man whom she connected with me, and she suspected that I used him to spy on her and to relate to me facts in her life which would enable me to deprive her of her pleasures and of all her good internal possessions.

A third point worth mentioning is that in her painting at this time the technical problem of 'joining up' was absorbing her interest. She reacted to my discovery about the very painful incident concerning her father with great relief, which showed itself in an increase of activities and in a liberation of sexual feelings, leading to a sexual intercourse with her husband after many months of complete abstinence. She felt very grateful to me and admired me, but at the same time her persecutory anxieties and suspicions about my finding out about everything in order to take everything away from her were greatly stimulated.

On that particular day she began the hour thus: 'I am fed up. My mouth is full of ulcers.' She then told me a story of what had happened to her car that day. She said: 'A fool of a man drove into it. Would you believe it? All the scratches on my car have been made by other people.' She then proceeded to describe in a very emotional way another unpleasant experience she had had that morning. When she was going along in her car, after all her excitement and anger about the man driving into it, another car exceeding the speed limit drove up on her wrong side. 'Of course', she said, 'it was a woman driver.' In front there was a lorry which gave a sign and turned to the

right into a side turning. Immediately after that the woman on her left, without giving any sign, turned to the right also, passing in front of my patient's car, and in order to avoid a collision she herself quickly swerved her own car into the same right-hand turning, although she had intended to go straight on. She was 'livid with anger' (I am trying as far as possible to repeat her own words) and now took her revenge on the woman by getting in front of her and crawling along at five miles an hour and making it impossible for the woman behind to pass. Presently they came to red traffic lights. The woman pulled up and was now on the same level as my patient, who poked her head out of the window and said: 'That was the worst piece of road-hogging I have ever seen. Do you know that by cutting-in in front of me from the wrong side you forced me to turn to the right so as to avoid a collision, though I wanted to go straight on?' The woman, who had a red beery face, gave a shrug and a laugh and said: 'What do I care?' My patient was furious and sat trying to think of a most scathing remark. Finally she found it: 'On second thoughts', she said, 'there is an excuse for you. I can see that you are well beyond your prime. You should leave driving to women who are younger and more intelligent than yourself.' The woman gasped, but before she could reply the traffic lights changed and my patient drove off. She was very pleased with herself.

I omit my interpretations and add only some more of the material pertaining to our problem.

My patient now drove to her art school and started on a sketch to a given theme; this theme had to do with stealing. She started the sketch, but found that there was something wrong with her drawing, both while she was working on it and when she had finished and hung it up on the wall. She could not find out what it was, and she said to me: 'That was the most awful thing about it.' When the artist who criticized the sketches came to hers, he said in surprise: 'Good God, what has happened to you? This looks like a drawing out of a Victorian family album.' My patient now realized what it was she had felt to be wrong with it. She said: 'It looked like a drawing that had been done fifty years ago.' She felt so awful about this that she had to go and have three sherries. Later she noticed the ulcers in her mouth. I may say here that she never drinks when level-headed. In fact, one of her great anxieties is that she might become addicted to alcohol as her father was.

I will now summarize these points. The patient started by mentioning that she was fed up and her mouth was full of ulcers. Then she proceeded to tell me the events of the day preceding the ulcers, that is to say, the history of the ulcers.

(1) A 'fool of a man' had scratched her car.

(2) She had made scathing remarks to a bad woman.

(3) She hurt the woman by a reference to her

age and by demanding that she should yield up driving to herself (the younger and more intelligent woman).

(4) The woman had a red 'beery' face (was drunk).

(5) My patient was very pleased with her scathing remark to the woman.

(6) Something was wrong with her drawing, that is to say, a sublimatory activity was impaired. She did not know what was wrong with it and this was 'the most awful thing' in the situation. She had to go to a public house and have three sherries.

(7) Later she found ulcers in her mouth.

It is important to know that the fault of her drawing was that 'it looked as though it was fifty years old', 'out of a Victorian family album'.

It seems to me that the various symptoms,

(1) the unintentionally old-fashioned painting,

(2) the need to drink alcohol,

(3) the appearance of the ulcers,

point clearly to what had been going on in the patient's unconscious. She had carried out her impulse to hurt the woman and was consciously pleased with her success. But unconsciously—as the woman stood for me and her mother, towards whom she had love impulses as well as hostile ones—she could not bear the injuries she had inflicted on her nor could she remain at a distance from her. She had immediately internalized this mother-figure and she had internalized her in the injured condition for which she felt responsible and guilty, namely, as a worn-out, fifty-year-old, decrepit, incompetent and useless person; and then she herself became changed, for she was necessarily affected by the injuries and faults of the internalized object.

The ulcers corresponded to the feeling that she had treated the woman scathingly by her sneering remarks; the out-of-date, inadequate drawing corresponded to her having deprived the woman of her prime; and the need to drink reflected the red 'beery' face of the woman. There were of course more determinants for the various symptoms, of which I will only mention some. Thus the ulcers expressed the need to punish the organ which was the instrument of the criminal impulse in a manner that fitted the crime; and they were further related to the phantasies which the scratches on her car had aroused. The experience with the 'fool of a man' and the later encounter with the beery-faced woman had stimulated phantasies about her parents in their persecutory intercourse, phantasies of the kind I described earlier. In her unconscious mind her father had injured her (the car with the scratches) at the command of her hostile jealous mother. (Just as I—in her phantasies—had sent the man whom she connected with me to spy on her and report her doings to me.)

The persecution by the woman driver, 'the road-hog', assumed such an intensity, moreover, because the woman with her red 'beery' face also reminded

my patient of her father, whom she had often seen in an intoxicated state.

Along with the conscious feeling of triumph at having successfully attacked the bad woman went an unconscious feeling of guilt. This woman who was her rival and who compelled her to follow a way she did not want to go—to the 'right'—is also identified with her mother and me whom she, at the same time, loved and admired. Unconsciously she was admitting that the wrong way the woman made her take was the right and good way which her mother (and analysis) showed her. She had indeed felt a great relief when I had discovered the painful incident in her father's life which had oppressed her so much, and she acknowledged the help analysis had given her, although her admiration for me stimulated her feelings of rivalry, owing to which she turned me again into an interfering and hostile mother. She was able to deny her anxiety and her guilt and to feel only triumph about her scathing remarks because other mechanisms, namely, self-punishment and the restoration of the injured object, were also at work (the ulcers, the old-fashioned drawing, and the urge to drink).

It is important to see that the atonement for guilt is here carried out by internalizing the attacked external object and restoring it after the internalization in a specific manner in which every detail of the crime has to be dealt with and which corresponds to the subject's conception of the object's character and qualities. The patient felt that the mother-figure to whom she had made the scathing remarks, out of whose hands she had torn the driving wheel and the capacity to steer her way through life, was now inside herself; and in order to restore the destroyed mother-figure she had to take on to herself the condition resulting from the scathing treatment (the ulcers) and to yield up to the mother-figure the steering wheel (the crayons) and her own capacity, the artist's skill. The woman inside her had drawn the sketch, while she herself was poisoned and sore; she had become the mother-figure she had attacked.

We can see that the internal object exerted an influence on the patient's sublimation in that the sketch bore the imprint of the internal object and not that of the subject, and that, in this way, the sublimatory activity was impaired. We did not hear that the sketch was badly drawn, or that the design or the technique was faulty, but that it did not reflect the patient's personality, that it was an inadequate expression of her intention (she had not set out to paint in a Victorian fashion) and that it was alien to her understanding. The

experience of self-expression and development with its accompanying conscious gratification was completely absent in this impaired sublimation. This is really the point I wish to illustrate, for it is related to those aspects of the problem of sublimation with which I am here concerned and which have so far not found sufficient recognition. I refer to the element of *internal freedom and independence* which I consider to be an essential condition for successful sublimation.

The child who avoids dirtying or does his homework well because he is afraid of being punished by his mother, or because he has to placate her in order to secure her love and good gifts, has not achieved sublimation in the full sense of the word; he is not carrying out an activity which enables him to express his personality, the wishes, impulses, and inclinations he feels to be his own. In a similar manner the work of an adult who is compulsively dominated by his internal objects has not the character of a full and true sublimation either.

We know that the impulse to restore is a most fundamental factor in sublimation and creative production. But if guilt and anxiety are overstrong they interfere with the successful functioning of the impulse to restore, because they lead to the employment of various mechanisms for *magical control* of the internal persecutors. This control, however, in its turn keeps the ego under control and interferes with the independent ego-expanding activities which are implied in successful sublimation.

I referred to the arousing of anxieties in my patient related to phantasies about the combined parental figures—the parents inside engaged in a warlike intercourse. In such a state the subject is compelled to save the parents and himself from their mutually destructive doings; he is bound to separate them in their disastrous union⁶ and to do whatever serves this end, and he is therefore hampered in the expression of his own impulses, wishes and talents.

Fear of persecution and distrust of the internal objects necessitate defence, just as the supreme purpose in a war is to secure and safeguard vital issues, and this pushes all other tasks into the background. The productive capacity becomes overwhelmed by the subject's frantic efforts at saving his life and the lives of his internal objects whom he feels to be one with him. Whilst thus the dangers from the persecutory actions of the combined parents inside him urge the subject to separate them, their separation brings about new dangers, for they are now felt to be in a hopeless state of aphanisis⁷; moreover, the subject becomes im-

⁶ Cf. footnote, p. 9.

⁷ Ernest Jones (1927) introduced the term 'aphanisis'. This concept seems to me to constitute a step forward in our understanding of the fear of castration; for it shows that the experience is not simply that of losing an organ which produces gratification, but that a totality of experience is in question, a threat of the loss of all capacities for ever experiencing any gratification of the libido and thus of all capacity for establishing a 'good' relation

to an object. This concept to my mind approaches very nearly to that kind of experience in which the main purpose is to acquire and maintain a 'good' object, internal as well as external. Though Ernest Jones himself has not followed up the idea of aphanisis to the point at which it might link on to the problem of anxieties concerning internalized good objects, I feel that nevertheless his thought was tending in this direction and has widened our understanding.

poverished and impotent on account of having only aphanitic parents inside him. Between the Scylla of persecutorily combined parents and the Charybdis of guiltily destroyed parents the subject is caught in hopeless despair.

The acute anxieties attaching to the primitive combined parental figure lead to severe restriction of the subject's activities and inner freedom. When the subject distorts the parent's sexuality into destructiveness, he is thereby inhibited from obtaining gratifications for himself, whether of a direct or of a sublimated nature. My patient could not enjoy the symbolic intercourse with her crayons nor give birth to a child-picture, because her fear and guilt about her ageing and deprived mother were too intense. There is a great difference between wanting to paint Victorian family scenes and being unconsciously compelled (by an internal Victorian mother) to paint in a Victorian fashion. Indeed she had felt it as awful—as the most awful thing—that, certain though she was that something was wrong with the drawing, she did not know what it was. She did not know her own creation.⁸

My experience has convinced me that the kind of restoration in which the injured object is felt to be snatching away the subject's good possessions leads to an impaired sublimation; because this type of restoration has too much the character of revenge and punishment by the objects, a penal servitude, an utter sacrifice on the part of the subject. In it the relation between subject and object is too much on the basis of oral sadism and too far from co-operation and mutual give-and-take.⁹

All these anxiety-situations are well known and have often been described. But I contend that the anxieties resulting from a *compulsion* to look after the good internal objects, to preserve them in a good condition, to subordinate all activities to their well-being and to watch them constantly also

constitutes a danger to the success of a sublimation. The anxieties relating to bad and good internal objects which interfere with the subject's internal freedom are bound to arise when the internalized parents are felt as foreign bodies embedded in the self.

I think that the independence which is an important factor in successful sublimation and productive activity is achieved through a process which I like to call the 'assimilation' of the internal objects, by which the subject acquires and absorbs those qualities of his internal parents which are suitable and adequate to him.¹⁰ As Goethe says:

'Was Du ererbt von Deinen Vätern hast,
Erwirb es, um es zu besitzen.'

['What you inherited from your fathers,
You must acquire yourself in order to possess it.']

This process presupposes a diminution of aggressiveness (greed) and anxiety and thus involves a breaking up of the vicious circle. The subject withdraws the extreme features which he has superimposed on his external objects by his own sadism, guilt and anxiety, when he can accept them as his own. Thus his internal objects become more human, less like monsters, less like saints; and the subject can admit and accept his own bad and good qualities and those of his internalized parents. These assume more the character which the external parents had and the subject in his phantasy feels that he is creating his parents rather than swallowing them—the child is father to the man—and with this diminution of greed he acquires the right to absorb their good qualities.

This process also contributes to the setting free of forces which the subject can employ for his own benefit in a free choice of activity and for the development of his talents. This will result in an

* Painters often express the feeling that their hands are only the instruments of something within them that directs their activity. But the tone of this feeling varies greatly, and indicates whether this invisible force (their internal objects) is beneficial, in harmony with the artist's personality, or persecutory, as in this example of my patient's.

* It will be seen that these phenomena are such as are usually described as due to the super-ego. I have refrained from using this term (as well as the term 'id'), as it has not been possible within the compass of this paper to discuss the relation between the concepts of internalized objects and of the super-ego (or of the id). I hope to deal with these problems in a future paper, and will remind the reader here of Melanie Klein's work on this subject, notably in *The Psycho-Analysis of Children* (1932).

¹⁰ In a paper recently published by Matte Blanco (1941), he refers explicitly to my present paper and implicitly to its whole subject-matter. In it he criticizes Melanie Klein and her collaborators—among whom he rightly associates myself—on various grounds. It is not my intention to deal here in any detail with the many inaccurate statements in his paper. I shall restrict myself to one instance only. Among other things he takes Melanie Klein to task for having ignored the ways in which the internalized objects become integrated in the ego, a criticism which, as can be seen from the literature concerned, is fallacious.

The method used by Matte Blanco in his polemic is, I think, best illustrated by the fact that he quotes (p. 26)—though inaccurately—the above passage from my present paper and expresses agreement with it, yet nowhere in his paper does he acknowledge that this passage and my whole paper are a contribution towards the solution of the very problem which he accuses Melanie Klein and her school of having failed to understand. In spite of his agreement with this passage, he says (p. 18): 'Attempts at further development are continually made by Melanie Klein and her followers, but the result seems to be nothing more than, to use a graphic French expression, "*piétiner sur place*", moving incessantly without ever succeeding in going forward.' Further (on p. 24): 'The introjected object, no matter how much divided into small pieces, no matter how many pilgrimages it makes from inside to outside and *vice versa*, will always remain what these conceptions suggest—something immobile, something outside the psyche of the individual, foreign to it, whose ultimate fate can be none other than expulsion.' This may be his opinion, but my case, on the contrary, clearly illustrated the view that internal objects are far from immobile, are very much alive, and essentially a part of the subject's personality. The wish to expel them is but one reaction to one aspect of them (the persecutory). Incidentally, the fear of losing them (in their good aspects) is one of the severest anxieties human beings can experience.

increase of productive capacities directed towards actual reality and aiming at a truer expression of the self and in an increase of the gratification experienced through his sublimatory activities.

I do not mean that the assimilation of the internal objects leads to a static condition in which the conflicts cease to exist. As I have said, the inner world is a never-ending drama of life and action. Life is bound up with the dynamic processes set up by aggression, guilt, anxiety and grief about the internal objects, and by the impulses of love and restoration; Love and Hate are urging the subject to strive for sublimation. The internal freedom to which I refer is a relative, not an absolute fact; it does not abolish conflicts, but it enables the subject to enlarge and unfold his ego in his sublimations.

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NOTES ON THE PSYCHOLOGICAL EFFECTS OF WAR CONDITIONS ON THE CIVILIAN POPULATION¹

By EDWARD GLOVER, LONDON

III. THE 'BLITZ'—1940-41

In the introduction to this series of notes it was pointed out that, by neglecting to organize adequately the expert psychological resources of the community, the authorities had let slip a unique opportunity of studying the psychological effects of war-time conditions on the civilian population. By the time the 'blitz' commenced a number of medical psychologists and psychiatrists had already been cooling their heels for almost a year in various Emergency Medical Hospitals. Many others had joined the Services, but only those attached to the Air and Naval arms had had much opportunity of studying psychological reactions to combatant conditions. Apart from dealing with mental casualties from France before and after Dunkirk, psychologists attached to the Army were concerned chiefly with the psychopathic flotsam thrown up by the operation of the Conscription Acts. As has been pointed out, the organization of civilian mental services was based on the assumption of a tremendous blitz which, it was thought, would give rise to huge waves of war neurosis, both acute and chronic. On this assumption it seemed reasonable to concentrate on purely therapeutic measures. But the blitz, when it did come, fell far short of the dimensions anticipated, and it was soon apparent that waves of war neurosis were merely figments of the psychopathologists' own imagination. Most psychological casualties by-passed the emergency hospitals. There was little or no trained personnel available to study them at their source. Even when medical facilities were provided at, for example,

First Aid and Shelter Posts, these were concerned almost exclusively with organic conditions. People suffering from psychological disturbances soon filtered back from Aid Posts into the general population, where they were dealt with, if at all, by local practitioners having no special psychological training. It was impossible to set up even small research centres, or to follow up psychological cases in their wanderings through evacuation areas, or to keep under medico-psychological observation cross-sections of communities living under blitz conditions. Indeed, had it not been for the purely voluntary exertions of a number of lay-workers, particularly of psychiatric social workers, child guidance personnel and teachers, there would be no record available of the immediate psychological reactions to and sequelæ of air-bombardment. It is necessary to emphasize these facts. For practically all psychological research purposes, the blitz went unobserved. Such records as are available are almost exclusively descriptive in type. In most cases conclusions can be drawn from them only by second-hand interpretation. There has been little or no immediate psycho-analytical investigation of cases. With the exception of a group investigation carried out by Harrisson of *Mass-Observation*, there has been practically no anthropological analysis of the problem. There has been no effective liaison between sociological and psychological workers and, in consequence, the most significant types of mental reaction to air-bombing have gone unmeasured if not undetected. All this is most unfortunate, and

¹ [The first instalment of these notes appeared in Part 2 of Vol. XXII (1941) of this JOURNAL.—ED.]

possibly justifies an attempt to record a summary of observations which under other circumstances might well have been rejected on grounds of superficiality of method and lack of systematic approach.

* * *

Blitz Conditions.—Alarmist anticipations of mass war neuroses were based in part on the casual assumption that there would be little to distinguish the life of civilians living under air raid conditions from that of soldiers living under front line conditions such as existed in the last war. Even during the blitz, comparisons were frequently made between bombing of civilian areas and the artillery bombardments experienced under Service conditions. The fact is, however, that even where relatively severe raiding occurred in any one area for months on end the conditions were rarely comparable with war conditions. Moreover the term 'blitz' was applied indiscriminately to a number of traumatic situations the conditions of which varied widely in both quantitative and qualitative respects. The number of variables is so great and the number of recorded psychological observations so small that one is compelled to formulate a number of rough categories for purposes of investigation. In particular it is important to distinguish between conditions calculated to arouse realistic anxiety and those likely to awaken unrealistic anxiety. It is obvious for example that the *severity* of air-bombardment varied greatly. Allowing for the fact that conditions in a great metropolitan area like London were unique, it is necessary to distinguish between raids occurring in large, medium-sized and small towns respectively. Similarly with the factor of *duration*. The reactions produced varied in accordance with whether an area was severely blitzed on a number of successive nights or at frequent intervals over a period of weeks or months: also whether in intervals between heavy raids there was casual or scattered bombing or no bombing at all. In the case of unraided districts the factor of *distance* from danger has also to be taken into account. Thus, as far as my observations go, unrealistic anxieties were most intense at points ranging from 15 to 50 miles from any frequently bombed centre. In a lesser degree they were to be observed in districts lying under any of the air-tracks used by enemy planes. Outside these 'anxiety belts' and 'tracks', unrealistic apprehensions gave place to obsessional interest in the details of reported raids. Freedom from both realistic and unrealistic anxiety depended on the fulfilment of three conditions, viz., that the 'free' area lay at a considerable distance from frequently raided centres, that it was off the usual air-tracks and that the *conditions of social life in the area did not differ in any essential from peace-time conditions*. Not only in the danger areas but in the anxiety belts reactions varied in accordance with the variety of projectile used. A

land mine exploding up to five miles away produced more commotion in the anxiety areas than a small bomb exploding within a few hundred yards. Obviously it is difficult to establish accurate bases of comparison when even the *noise* stimulus varies widely. Nevertheless, combining the most important factors, it seems reasonable to distinguish between the following situations: (a) intensive bombings of particular areas on successive nights, with or without subsequent scattered bombing, (b) heavy and persistent bombing of towns, (c) small scale sporadic bombing either in town or country, (d) bombing, general or local, heard at some distance, (e) planes or sirens alone heard and (f) no raids or warnings heard.

Now it is to be observed that, as far as real danger is concerned, it was only in the first category (viz., intensive bombing, particularly on successive nights) that there was any true comparison between civilian and Service conditions. Where relays of bombers attacked a particular district for hours on end, as was the case in the London Dockland area, in Coventry, Clydebank and elsewhere, the immediate effect was that of a heavy box-barrage aggravated by the fact that the attack came from above: the effects in destruction or devastation, not to mention sensations experienced amongst rocking buildings and falling masonry, have been aptly compared to that of a long drawn out earthquake. Indiscriminate bombing of medium-sized towns is next in the order of severity and of real danger: in large towns it is much less traumatic and, with a few exceptions, scattered raids on London are still less so. From the point of view of real danger small bombing incidents in villages or rural districts were rarely traumatic. The sound of distant heavy bombing was a purely psychological consideration. In estimating this factor of real danger, allowance must be made for the nature of local *defences*. Even when anti-aircraft barrages did not succeed in bringing down enemy planes, their existence was a profound psychological reassurance, provided the salvos were frequent enough and noisy enough. When in September 1941 the London defences were augmented, the first heavy barrage produced an almost universal feeling of elation except in those who were over anxious to discriminate between a shell-burst and a bomb explosion. Such persons had their discomforts increased by an obsessional concern with the interpretation of sounds. When night-fighter defences were developed and previously heavy barrages were curtailed to allow of their operation, the general effect was depressing. In any case the psychological effect of 'weak' barrages was bad.

The Environmental Setting.—It is easy to show that variations in environmental conditions had an important influence on reactions to air-raids. Most descriptive records have been compiled by *observers* of air-raids, e.g. journalists or members of the

civilian air-raid services. Most of these were actively engaged in rescue work and, although more exposed to real danger, were under less psychological strain than those living under cover. Nevertheless their *descriptions* of raids were naturally much more dramatic than the descriptions given by those who came out after the raid was over. This has tended to create an exaggerated impression of the traumatic nature of air-raids. No investigation of reactions to air-raids is trustworthy which does not take into account the variation in environmental setting and pre-raid conditions.

If we exclude for the time being constant factors affecting the morale of the population as a whole (e.g. war-time hardships and restrictions) the most important pre-raid factor influencing raid reactions was a concern with measures of *self-protection*. Particularly in the earlier half of the blitz period in London, the early afternoon exodus of people carrying bundles of sleeping kit and queuing up at shelters frequently some distance from their homes was calculated to evoke reactions of anxiety-readiness. Despite the comparative orderliness of these movements, there was a peak period during the hour preceding dusk when this anxiety-readiness was at its height. This was accentuated by the fact that part of the floating population was engaged in a daily *flight* from the city. Even the daily traffic movements from offices, shops or factories to suburban homes acquired a certain flight significance, as was apparent from the conversations to be heard in bus queues. This was accentuated by the effects of permanent evacuation. The absence of as many as 30 per cent. of the total population was more obvious in the evening, when the streets were rapidly deserted. By the time darkness had fallen and the sirens were about to sound, the situation of even a great city like London was comparable to that of a mediæval walled town when the gates are shut. On the arterial roads the stream of outgoing traffic dried up. Few cars could be seen making Londonwards. People who remained (and for obvious economic reasons most Londoners did remain) were there for the night—and for most of the nights of the blitz-year.

Shelters.—A large literature both descriptive and technical has sprung up on the subject of shelters. Reasons of space prevent any detailed description of this rich psychological field. Two sets of factors may however be singled out as bearing on the present problem, viz., the degree of *reassurance* induced by various shelter systems and the degree of psychological *strain* imposed by shelter life. Here one must distinguish between conditions existing during the earliest months of the blitz and conditions when shelter organizations were more advanced and when in any case most individuals had worked out for themselves a defence plan

suitable to their temperament if not to their needs. In the first stages of the London blitz there was a marked degree of unrealistic optimism about raiding, which soon gave way to the realization that from the point of view of comfort all shelters were as bad as they could be, and that from the point of view of safety there was little protection from direct hits or near misses. Gradually certain preferences began to assert themselves, until, by the middle of the blitz period, the population could be roughly divided into groups according to preferences for (a) deep community shelters, e.g. in the Undergrounds, (b) smaller and usually more exposed public shelters, (c) private outdoor shelters (e.g. of the Anderson type) or (d) indoor shelters (basements, cellars, stair corners, etc.). At the end of this series came those who remained in their own rooms, making only minor defensive adjustments of furniture or bed clothes, and those who took no positive precautions whatever. The majority of this last group simply remained indoors, a minority went about freely during the early part of the night and during raids were inclined to pop in and out in order to keep an eye on the progress of the attack, rather like passengers in a liner taking a turn on deck to inspect the weather. Some at least of this jaunty behaviour was auto-suggestive in aim and constituted a defence through defiance. Naturally the inhabitants of large and crowded deep shelters knew little of what was going on above, but suffered a maximum amount of social inconvenience, whereas these who gambled on carrying on more or less as usual enjoyed the maximum comfort at the cost of the maximum anxiety. Two observations could be made with some certainty: that, although anxiety-preparedness was the most important factor in taking to shelters, many other factors operated in the final selection. Thus when the London blitz periodically abated, and again after it ceased, many people continued to frequent deep shelters because they enjoyed the night life, or because they preferred it to a more solitary home life. More striking was the fact that, from beginning to end of the blitz, the realistic (safety) factor in choosing shelters or in refusing to take cover was heavily overlaid by irrational reactions or rationalizations. Ordinarily sane and sensible people of every class could be heard expounding 'systems' based on superstitions, feelings of omnipotence and every possible illogicality. These systems were sometimes modified in the light of raid experiences, but this modification seldom amounted to more than changing one form of superstition for another. The relevant point is, however, that, by adopting one or other of these methods and so staying under cover, the majority of the population had little directly traumatic experience, apart from discomfort and from the play of their own imaginations. This play was stimulated mostly by sounds heard in the night, sirens, droning planes, gunfire

and the noise of descending incendiary and explosive bombs. The rocking of houses from nearby explosions, even when it seemed to wrench the house from its foundations, seldom did more than disturb a post-card on the mantelpiece. Under such circumstances it would be unreasonable to expect severe psychopathological reactions except in those who were already psychopathic in disposition.

Raid-Shock.—The situation of those involved in a direct hit on house or shelter, a near miss or an incendiary fire was quite otherwise. From observations made in different areas the following situations could be isolated. (a) Where the house or shelter wholly or partly collapsed or was blown out. The reactions of persons rescued from this situation depended in turn on whether members of the same household were killed or severely wounded, whether the individuals themselves suffered serious injuries or whether they were buried or trapped for more than half an hour. (b) Where as the result of glancing hits or near misses the structure of living or bedrooms was damaged, windows blown in or furniture thrown about with or without minor injury to the occupants. (c) Where homes otherwise undamaged had to be evacuated because of time bombs or incendiaries. (d) Where civilians not engaged in Defence Services were caught in the streets during a local blitz and were either injured by bomb fragments, shaken by explosions or wounded by A.A. shell fire. Naturally the incidence of these conditions varied directly with the intensity and scatter of the attack, and, with one exception, with the density of housing and population. In the case of large blocks of flats it frequently happened that sections of the block were gutted, leaving the rest of the building either intact or in a minor state of dilapidation. In suburban districts and in the residential areas of smaller towns, shock conditions were much more infrequent except when the chance alignment of a heavy stick of bombs destroyed rows of houses.

Post-Raid Conditions.—Owing to ignorance of psychological factors, the precautions taken by local and central authorities during the earlier stages of the blitz were directed almost exclusively towards rescue from physical danger and treatment of physical injury. Rescue Squads were busily engaged freeing persons trapped in basements or by fallen débris, saving them sometimes from the added dangers of burning or poisoning from escaping gas, and strenuous efforts were made through First Aid and hospital services to deal with those suffering from physical injuries. But for a time practically no effective steps were taken to deal with those factors which not only add to the effects of physiological strain but stir deep psychological reactions amongst those involved

in a heavy raid. From the point of view of traumatic effect, distinction can be drawn between conditions immediately following a hit, those experienced the morning afterwards, and those conditions which endured for a few days on end. In the first group come persons who experienced direct hits in the earlier phases of any one night's raiding. These were evacuated to nearby points during the actual raid and sometimes had to be re-evacuated the same night. During these movements they were sometimes first-hand witnesses, at dangerous range, of local fires. Those evacuated from their own houses were often faced with the fact that their homes were destroyed or uninhabitable. The effect of this shock was in the first instance purely psychological: naturally it was increased in the case of intensive raiding by the extent of devastation that could be observed in the whole area. Thus for example a small Kensington street of little 'arty' houses seen in the half-light next morning was found to be reduced to a long, grey mound like an ash-dump. An ambulance had just driven off in the rain and wet helmets and capes could be seen crawling over the dust-heap. Nobody knew quite who had been living in the street. A few dismal onlookers stood about. As a rule, however, the reality consequences were not appreciated until the full light of day, when the necessity for permanent evacuation became obvious. Even when the houses remained partly habitable, the dislocation of social services in heavily bombed areas soon made itself felt. Failure of water supply, gas and electric light services, lack of food, destruction of local shops and dislocation of traffic took considerable toll of the morale of the inhabitants. Owing to the unorganized state of evacuation arrangements it often happened that people were in prolonged ignorance of the fate of their families, friends or neighbours. These factors of uncertainty and insecurity were most pronounced in the first months of the blitz, but, even when the rehabilitation services were better organized, they might still be operative as many as three days after a heavy raid. And by that time the economic disaster consequent on the raid had to be faced. It should be remembered, however, that these traumatic factors affected only a comparatively small number of the total population and only in the case of intensive raiding. In the case of scattered general raiding they were not only much less severe, but more rapidly and effectively countered in the first instance by the spontaneous efforts of more fortunate neighbours, later by the efforts of the local authorities. Occasional destruction of water mains and failure of electricity in an area where the effects or signs of raiding were otherwise minimal could scarcely be regarded as traumatic. And it must be observed that in the great majority of instances, particularly of raids on large towns, there was little sign next morning

of widespread destruction. On the contrary, daylight usually dispelled the more sensational reactions that had developed overnight. In the London area in particular it was often possible for the inhabitants of one area to settle down after the first two hours of a raid secure in the conviction that more distant areas were the centre of attention. Perhaps the best testimony to the absence of widespread traumatic conditions was the fact that next day groups of curious-minded people could be observed making tours of raided areas or districts in order to satisfy their appetite for sensations, and doubtless to celebrate at the same time their comparatively uneventful escape from the trials of the night before.

Long-Distance Factors in Air-Raid Reactions.—It would take us too far afield and add to the already complicated tangle of factors to consider the effect of social disturbance and of restriction of social amenities due, for example, to general air-raid precautions such as the black-out. In any case most of these disturbances and restrictions were operative in all parts of the country. In the areas subject to frequent raids one special factor has to be considered, viz., disturbance of sleep. Apart from occasional nights of intensive bombing lasting from five to eleven hours, there was constant reduction of undisturbed sleep, running in the average to two or three hours. In the main this was due to the noise of planes, bombs and barrages, but it was aggravated by the miserable sleeping conditions existing in practically all shelters both outdoor and indoor. In this connection, the irritation caused by listening to strangers snoring was quite intense. Next to actual danger and physical discomfort, this sleep factor was responsible for most of the night-time evacuation that occurred after the blitz was in full swing.

Day Raiding.—Although the amount and severity of day raiding was negligible compared with the duration and scope of night raids, there was enough of it to bring out some important differences in psychological reaction. Except in the very earliest period, the number of day-time raiders was small—usually one or two at a time—and there was naturally much less sign of disturbance amongst the general population. During the first few weeks life was disorganized by extravagant precautions, official and otherwise. Even postal services were badly affected, while the great stores rashly assumed the power to lock up their customers, sometimes for hours on end. This could not last. People refused to take cover, many of them openly enjoying the opportunity of watching 'dog-fights'. By contrast, a short night raid carried out by one or two planes would have set the whole system of private defensive reactions in operation. Nevertheless, once bombs had been dropped in the day-time, there was for a short

period a much greater sense of insecurity. This reached its height when 'sneak' raids began. Bombs fell without alerts, and the ensuing combination of anxiety and surprise produced a psychological reaction of some significance in estimating the effect of air-raids. In the districts affected, feelings of insecurity were followed by anger and exasperation, which tended to focus on the authorities on the ground of lack of adequate defence. This anger was more acute than that provoked by apparently weak barrages during the night.

General Summary.—However one approaches the problem, it is difficult to escape the conclusion that the appetite for sensation, already remarked upon, was responsible for many alarmist anticipations of widespread psychopathic reactions to raids. To return for a moment to the pre-blitz conviction that there would be an epidemic of war neuroses amongst the civilian population, it is clear that the actual conditions never justified this panicky apprehension. As has been suggested, there was no comparison between the shock conditions at home and in the field. Only in one small group (viz., where intensive bombing occurred on successive nights) was there any resemblance to front-line conditions. Even so the psychological setting was entirely different. But, although the balance of differences was heavily in favour of the stability of the civilian, it is impossible to assess the importance of minor reactions to air-raids without keeping the differences clearly in mind. The chief difficulty in assessment is that most of the factors cut both ways. Thus, for example, whilst the soldier has the advantage of military training and discipline, it is true that soldiers who take badly to army discipline are more prone to breakdown. The civilian on the other hand had to acquire at short notice and without any disciplinary support his own immunity to raid anxieties, but his day-time freedom from military discipline stood him in good stead. After the night he returned to his accustomed civilian life with all its social security and many of its amenities. Only when that day-time security was disturbed by the effect of direct hits did the conditions approximate to Service hardships. Similarly with the factor of counter-aggression. The civilian, unless actively engaged in the Auxiliary and Defence Services, had to endure his hardships passively, but on the other hand he was not called on to kill enemies. The same difficulty in assessment arises in the case of a factor that was supposed to have contributed greatly to the stability of the population, viz., that they were 'all in it together'. In the first place this was not strictly true. Economic, occupational and residential factors made all the difference not only to those who escaped damage from raids, but also to those who suffered in them. The tardiness of official recognition of the importance of social

therapy during recuperation from air-raids was partly due to the fact that the authorities drew their 'subsistence and amenities' line too low. The evacuation or week-end technique practised by such of the middle and upper classes as were free and willing to do so constituted a much more effective form of therapy than those recommended to the general population. It has sometimes been suggested that in the case of air-raids the factor of 'secondary gain' (e.g. the possibility of escape from the danger situation) was eliminated. The view evidently was that, since no district was absolutely safe, there was nothing to compare with the gain through illness secured by the classical war neurotic when evacuated from the front line to a base hospital. The Government policy of evacuation and distribution of population is in itself sufficient proof of the shakiness of this contention. But in so far as civilians actually were 'all in it' the stabilizing effect of this condition was offset by the fact that women and children were 'in it' as well as men. Ordinarily the soldier has the satisfaction of knowing that, although he is 'in it' (along with other men, of course), his family and dependents are 'out of it'. This can easily be proved by studying the reactions of soldiers and sailors serving at a distance from home. The arrival of home mail containing frequently alarmist descriptions of home raids has a deleterious effect on their morale. Despite this fact, there was inevitable conflict between the male civilian's desire to secure safety for dependents and his desire not to have the family broken up in times of danger. Amongst the shelter conditions which were more conspicuously reassuring the 'family type' stood high, particularly where two or more families pooled their resources.

On the other hand civilians suffered from the psychological disadvantage that, when damage did occur, it was likely not only to involve other members of their families and frequently neighbours and friends, but to destroy their goods and chattels, sometimes to disrupt completely their domestic and environmental setting. These factors outweighed the often more conspicuous factor of personal discomfort incidental to raid life. Casual observers were frankly horrified by the conditions of social existence in even 'well conducted' shelters and at the same time somewhat naively surprised by the endurance of the inhabitants. Social workers more familiar with conditions in peace-time slums did not share this surprise. Even the well-to-do, accustomed to comparative luxury, showed a resiliency to 'cave-dwelling' conditions that might in any case have been anticipated on psycho-biological grounds. The vital importance of disturbances of psychological environment was proved by the frantic efforts ultimately made by the authorities to organize social services for bombed areas. This fact of itself suggests that in investigating the reactions to air-raids we must

not be led astray by a bias in favour of psycho-neurotic symptoms. Experience proved conclusively that some of the most important (precipitating) traumatic factors were social in nature, i.e. disturbances, varying in depth, of the personal and social fixations of the individual. Knowledge of ego-structure would lead us to expect that under such circumstances psycho-pathological manifestations would take the form either of character-regressions or of deterioration in group reactions.

* * *

Clinical Observations.—The account of the 'traumatic' situation given above is inadequate in many respects: but at least it indicates the difficulties facing anyone who wishes to generalize on the subject of civilian reactions in war-time. From both qualitative and quantitative points of view, there was wide variation in both superficial and deep aetiological factors. Moreover it was impossible to do more than sample the clinical material. Even in peace-time there are not enough trained medical psychologists in the whole of Britain to cope with the psychological needs of one city or county area. In any case most of those available were mobilized at a comparatively small number of emergency hospital centres. For this reason alone the 'official' samples were unrepresentative. Owing to shift of population and differences in standards of admission, little information of value can be obtained by comparing the peace-time and war-time statistics of established psychological clinics and psychiatric institutions. In any case most of the clinical material never reached hospital and was never observed by those competent to do so. Lastly there was no satisfactory means of controlling observations by examining sample groups living under various test conditions. In order to reduce to some extent these very serious drawbacks the problem has been approached from the following angles. The nature and incidence of neuroses in the forces, under active and home-service conditions, has been checked. It is obviously important to know whether or not the various clinical entities now rated as 'war neuroses' conform to the types observed in the last war and whether or not they arise under identical precipitating conditions. Granted that anticipations of a wave of war neuroses amongst civilians were largely exaggerated, the clinical picture of war neuroses still remains one, though not the only, measure of civilian reactions. Comparison has also been made between reactions observed before the war and during the first uneventful phase of it and those occurring during the blitz year. The clinical material has been assessed from the point of view of variation in precipitating factors, and the precipitating factors examined in terms of variation in clinical reactions. Some continuous observations

were made at Relief and Rest Centres, at an Evacuation Centre for nervous mothers and children, and at a number of unraided points in town and country. Some special observations are included on the reactions of small children.

The most convenient way of dealing with this very mixed assortment of material is to isolate some of the more characteristic clinical pictures. Of these the most common can be described as a form of 'shock' following direct involvement in a bomb explosion. The following case observed at a Rest Centre² illustrated some characteristic shock reactions which although severe were capable of rapid resolution. The patient was an intelligent and energetic woman 60 years old, happily married but childless, living in easy middle-class circumstances. There was no history of psycho-neurotic disorder and her attitude to life was tolerant. The report is as follows:—

'It was Mrs. A.'s custom during raids to sit on the settee in the lounge of her flat, by her husband's side. On this occasion, being particularly tired, she had gone to rest in her bed, leaving her husband in the lounge. At 7.30 p.m. a bomb fell, pinning her under débris on her bed. She called to her husband and got no reply. (He had been killed instantly, but this she did not know until some 15 hours later.) After much struggling she managed to free herself, pushing her way out with her elbows, sustaining minor cuts and bruises. She found her bedroom wall gone, and the lounge a gaping hollow in the dark. No sign of her husband. She called for help. Rescue workers arrived, took her to a nearby flat. (She spoke with great appreciation of the Rescue Party.) In the neighbour's flat she was received with suspicion and unfriendliness. She arrived in her petticoat, wrapped in an A.R.P. blanket: her dentures had been lost in the débris. Because of her lack of dentures and her strong Scottish accent the flat-owners concluded she was a refugee from Germany. A Warden, seeing this, had her taken to a First-Aid Post for the night. She could, however, gain no information as to her husband's fate.

'At the First-Aid Post she was given aspirin and put to rest. She was asked to be very quiet and to rest as everyone now wished to sleep: she was told she would probably have news of her husband in the morning. She did as asked, lying silent and sleepless through the hours until 7 a.m. She then woke a member of the staff for news of her husband and asked that efforts should be made to communicate with her relatives. Until now it seems that her behaviour had been self-controlled and quiet, with a docility to requests which seems to be a noticeable feature of the victims of bombing. From now on she became increasingly agitated—asking for news of her husband and contact with her relatives. (The Police, it appears,

were still unable to contact anyone for her.) She was asked to control her agitation, and told that she would be taken to a Rest Centre where she would hear news of her husband. On her arrival she was isolated in an empty Staff Room because of her anxiety at being among fellow-victims and her agitated condition. She was here told of her husband's death. (This was what she had expected; yet she had hoped against hope it was not so.) It was at this point that I first saw Mrs. A.

'Morning: I arrived about 11 a.m.—to find Mrs. A. in the Staff Room in an emotionally disturbed condition, being firmly told by the nurse on duty that she *must* control herself. The nurse finished her duty spell during the next few minutes and did not see her again. M s. A. had been told about one hour earlier about the loss of her husband. She bemoaned the fact that she had left her husband's side and had not been killed with him. Her whole appearance was that of great emotional distress. She wept a little but from time to time made great efforts to hold herself in check. She talked unceasingly, complaining that she was still alive and that she must at all costs get among her relatives—that the Police and Rest Centre staff could not be doing all possible to find them. I listened to all she had to tell me, trying to gather from her rather incoherent talk just what happened to her. It was noticeable that she did not want to talk of the actual bombing experience and had no word of complaint or anger about her treatment in her neighbour's flat or at the First-Aid Post. She seemed confused in her memories, so that one doubted the existence of some of these relatives for whose presence she made constant appeals. She dissociated herself from her own painful experience. For example, she told me the sad story of a woman (herself really) for whom she felt so sorry. Poor thing, she was worse off than she (Mrs. A.) was, for she had lost her husband, poor creature.

'I made the room as comfortable as possible, made up the fire, produced hot drinks and so on, left her as little as possible and listened to her talk. She sat miserably about in borrowed, ill-fitting clothes, without her teeth—at every turn she was brought up against the fact that she had lost everything as well as her husband—her handkerchief, her comb or a towel to dry her hands on, and so on.

'The visiting doctor looked in to see her. When she saw he was an Indian she seized his hand and kissed it and wept and said she knew he could help her—Indians were so clever. He was gentle and friendly to her, said little, and left her having prescribed for her large doses of bromide and commenting to me that she seemed in a pretty bad way. Later on in the day Mrs. A. said to me: "What on earth possessed me to kiss the doctor's

² Contributed by Miss N. Williams.

hand? He must have thought me a foolish old woman!"

'*Afternoon*: It became necessary for me to leave her for a short time. In my absence she left the building and was brought back presently by a young woman Warden who knew her from the previous night when she had been bombed. She had found her wandering round the ruins of her flat. The Warden stayed a while, quietly sitting by her side and listening to her distracted talk, mostly without comment: it seemed of comfort to her. As time went on Mrs. A. showed increasing agitation that no relative had appeared. She asked to be taken to various addresses which we felt were probably non-existent. I made a suggestion that I could try and borrow a car and take her to a relative in the suburbs, and if she were not there, would return with her to the Rest Centre. No sooner had I made the suggestion than she became reconciled to staying in the Centre with me and to waiting patiently until some relative turned up, even if it meant a day or so waiting. That settled the matter for her so long as she was with us.

'I continued to attend to her comforts—provide food for her, see she was warm and the like, and from time to time getting her to help me with small odd jobs—such as moving bedding with me from one room to another. She still could not face the ordeal of joining the other people. She had by now formed a considerable attachment to me. Her attitude almost a child-like trustfulness—liked to call me "nursie". She continued to talk as much, but her conversation underwent a change. She now wanted to tell me of the happy years she had spent with her husband—the joys they had had together, his likes and interests. She went to great pains to tell me exactly about him, so that the picture of him and the incidents related stood clearly before me. There was still no mention of how she felt about the actual bombing. The subject was apparently too painful. Presently, as if she must at all costs escape from her own difficult life and lead mine instead, she questioned me. How did I live? What were my interests, my work, my home? Everything in detail—what my room looked like, how arranged, and so on. I must make my life so vivid to her that she could for the time being live it and forget her own. This continued for some time. I told her all she wanted. After a time she began to give expression to her natural sense of humour. She found things to laugh at—quite natural, unforced laughter. She could now bear to talk of the dreadful moment when she found her husband gone. She was, too, now able to feel justifiable anger at the First-Aid Post and her neighbours' callousness. Also, to consider practical points about living. Could she manage on her pension? She must work out a claim for war damages—could she undertake some useful war work?

'*Evening*: Still no appearance of relatives—but

she was content to stay with me. She did not want to join the others in a "safer" part of the building, wished to stay upstairs with me. I made her up a bed and told her I would sleep up there too. She went early to bed. I had hoped she would make up some of her lack of sleep. By now she had had large quantities of bromide. She was encouraged to feel she could either sleep or talk all night if she wanted to. She seemed as if she wanted to sleep. Presently the sirens sounded; planes and gunfire were heard. She suddenly sat up in her bed; it was obvious that she was unaware of her surroundings and was back again, 24 hours earlier, in her own bed—about to be buried. She murmured at the planes passing over: "let it pass", "let it pass". I collected bundles of soft bedding which I piled up around the top of the bed to form an arch over her head, of no practical protection but in order to suggest that if anything fell on her it should be something soft this time. This seemed to re-assure her, and in the midst of the noise she lay back and went to sleep. She had a few hours' peaceful sleep, woke, and slept again till early morning.

'On waking her appearance had completely changed. She looked refreshed and years younger. She spoke with confidence and was prepared to face whatever was before her. She was prepared if necessary to identify her husband's body. (This was not allowed by the authorities, as he was not in a condition fit to be seen by her.) After breakfast a relative arrived and took her home with her. Mrs. A. left, appreciative of the friendliness shown her, and in a fit condition to tackle her future.

'*Postscript*: I received a letter from her later. She was spending a month in the country, but making plans to come back to London. She felt she must do some war work, preferably work in a Mobile Canteen. Her letter was affectionate and appreciative of her stay in the Rest Centre, and full of courage.'

It is interesting to contrast this case of transitory shock with one which although originally diagnosed and treated as 'raid shock' was soon hospitalized and ultimately discharged in a condition similar to that of many so-called 'war neurotics'. The patient, 43 years of age, kept a small shop and lived above the premises with his wife and one rather nervous child. As far as he knew he had never had a day's illness. He was a quiet, rather reserved type who nevertheless got on well with other people and had a reputation for hard work and good temper. Shortly before the blitz his son was evacuated. In the second month of the blitz a bomb fell in the street in front of his shop. He and his wife were covered with débris, the furniture of the bedroom was smashed and the front and one side wall completely blown out. He experienced no ill-effects, evacuated his wife to the country and set about salvaging his business, in which task he succeeded. Shortly afterwards his wife, now living

in an evacuation area, was bombed out of the house and decided that she might as well return to London and live at home. To this plan the patient agreed with some misgiving. The night after her return another bomb fell in front of the house causing more damage than on the first occasion. The floor above collapsed into the bedroom below and the patient, who had attempted to cover his wife with his body, found himself pinned down by a large rafter with his wife dead in his arms. At the time he believed that she was unconscious. He admitted, however, that the idea flashed into his mind that she might be dead. He was quickly removed and taken to an Aid Post, where some head wounds were dressed and a fracture of the arm splinted. From that time on he became completely disoriented. He did not respond to first-aid treatment and, developing a violent phase, was admitted to hospital, where he remained for about three weeks. Disorientation continued for some time and was followed by a condition resembling an agitated depression. On discharge he had improved only slightly. When examined some weeks later, he was still acutely depressed and suffered at times from uncontrollable agitation, usually ending in a variety of mild fugue. He was unable to work, had no power of concentration, his memory was grossly disturbed and his social reactions completely changed. He lived a solitary life and could not bear contact with any of his former associates. He brought his small son back from the country but was unable to look after him. A careful examination disclosed the fact that, although he had not suffered from gross psycho-neurotic symptoms, there had been many minor reactions suggesting a marked anxiety and obsessional disposition. His psycho-sexual history was not entirely satisfactory.

Contrasting these two cases, some rather obvious points can be made: viz., that in the first case (which recovered rapidly) there was no evidence of a psycho-neurotic or psychopathic disposition, and that in both the emotional trauma was decisive. This was strikingly demonstrated in the second case. The patient had been apparently completely unaffected by an earlier bombing incident which did almost as much material damage as the later one. There was also an obvious guilt factor operative in this instance.

Contrasts of this sort were to be observed occasionally in members of the same family. In one instance³ a young married couple was sent to a Relief Centre, having been victims of the first land mine disaster in the district. Together with their little boy of five, they had been dug out of the débris, but another couple (relatives) who had occupied the same room were killed. The husband suffered facial wounds about the eyes and the wife had two of her vertebrae crushed. Both were taken

to hospital and received treatment for their injuries, the wife being put in a plaster jacket. After two weeks they were discharged and stayed with relatives for a week. On their way to the Centre a day alert sounded and a bomb dropped some distance away. On arrival the wife was in a state of acute anxiety, shaking all over and unable to speak. The husband, although he admitted he had been 'shaken' on the night of the explosion, was apparently in a normal, well-balanced state. Owing to her mental state the wife was evacuated together with her child to a Rest and Observation Centre in the country. Here for some time it proved difficult to persuade her to undress and go to bed. The country Centre lay under an enemy air-track and when planes came over at night she developed acute anxiety states, disturbing the whole household, and was calmed only with great difficulty. Although still suffering from physical injuries, the husband refused all inducements to accompany the family to the country. He did not want to 'fly from danger' and remained to carry on his job. Further investigation of the history proved that, whereas the husband had shown no sign of a nervous disposition, the wife's past history indicated that from childhood she had shown many signs of a neurotic character, a fact confirmed by questioning the husband as to their domestic life.

In yet another type of case⁴ the shock symptoms were not so severe, but proved incapable of resolution until active psycho-therapy was adopted. A 13-year-old evacuee was referred because of attacks of screaming which occurred whenever she heard sirens. She slept very badly, could not take her food and was obviously in a state of constant jumpiness. The precipitating conditions were as follows. Along with her family and some neighbours she had experienced a direct hit in an East End shelter. All the lights went out, some of the neighbours were killed outright and in the confusion the girl felt for the baby's head with the intention of soothing the infant. She found that the baby was headless. Afterwards she discovered that her father was missing, and only later heard that he had been removed to hospital.

So far five very obvious factors call for consideration, viz., psychopathic disposition, responsibility for the safety of other members of the family, death of relations in the same room or house, experience of physical injury and extent of material damage at the site of explosion. Examination of minor varieties of 'shock' indicates that, even in apparently stable types, these states occur most commonly when three of the above conditions are fulfilled, viz., when the room or shelter is wrecked, when the individual suffers some physical injury and when some grave or fatal casualties are caused by the explosion. A typical case is that of Miss B., who was washing in a first-floor bathroom

³ Observed and reported by Miss Barbara Cooke.

⁴ Reported by Mrs. Dorothy Hardcastle.

about eleven o'clock one night when a bomb struck the house next door. The bathroom window was blown in and the patient thrown backwards to the middle of the room. There she was struck by the door, which had been blasted from its hinges. She was thrown forwards again by this blow and struck her side against the washhand basin. Going out to investigate she was informed that her grandfather had been killed on the attic floor. During the first two days she made no complaint except that 'things seemed unreal' and that she often thought she heard church bells ringing and sirens sounding. On the third day certain minor symptoms could be recognized. She had difficulty in speaking and in finding the right words. When she did speak sensibly she stammered. Mild attacks of trembling were frequent, and, although she went about a good deal, she complained of having 'no power in the legs' and was readily fatigued. At other times she complained that her body was rigid. Her memory was impaired and she lacked concentration. She also experienced loss of confidence and self-control, and, although not consciously depressed, frequently dissolved into tears. None of these symptoms was very marked, and despite her weakness and lack of working capacity, she spent a large part of her two weeks' leave helping her family to put their affairs in order. In short, the lay-diagnosis arrived at by her friends was simply that she had been 'badly shaken'. During the third week these minor manifestations cleared up, although she was still prone to cry, particularly when approached sympathetically. She also observed that she was ready to 'feel slighted' by any apparent neglect. Ordinarily she hardly ever cried and was not 'touchy'. At the end of three weeks she felt 'her old self' again and, apart from jumping at noises, experienced no further discomfort. Careful psychological examination of her history did not disclose any special psychopathological data. As regards character, she was normally self-sustained, probably of an obsessional type with a slight disposition to anxiety reactions. Most of the mild cases of shock (which incidentally rarely came under psychological observation and were rarely given medical treatment) were of this type. Naturally the clinical picture varied. In some cases only sensory and motor disturbances were noted, in others agitation only, in others again a marked degree of mental inhibition, or depression or irritation.

The next stage in investigation was to examine the correlation between severity of symptoms and severity of the traumatic precipitating factors. For this purpose the so-called 'bombed-out' category was investigated. Two types of situation were singled out: (a) where houses suffered direct hits without fatal casualties (or injuries) or in the

absence of the occupier, and (b) where as the result of near misses the house was rendered uninhabitable and billeting or evacuation could not be avoided. Here again there was wide variation in the severity of clinical manifestations. But it was quite clear that severe symptoms occurred most frequently in persons having a previous history of psychopathic disorder. The following examples⁵ illustrate this point. The first was that of a coloured woman, aged 34, who was rendered homeless. She had been in hospital, a year before, suffering from a 'nervous breakdown' which was very probably an anxiety depression. On examination she was 'nervous', unable to sleep and suffered from panic whenever she was left by her husband. She thought no one would want her or her children on account of their colour. She was billeted with another coloured family in a remote district, but was found to require careful supervision. Finally she attempted suicide and had to be removed to a mental hospital. The second case was that of a man, aged 32, who had worked in the A.F.S. during the Dockland blitzes and had finally been 'bombed out'. Before the war he had been comparatively stable, but suffered a good deal from morbid anxiety. He was afraid to go to the dentist, scared of 'rows' and afraid of dark and lonely woods. He had been in the Auxiliary Service for a year but resented the discipline and felt that the authorities had 'a down on him'. After being bombed out, he complained that his nerve had gone. He felt terrified and wanted to run anywhere to be away from bombs or fires. He could not look at damaged houses and felt that high walls would fall on him. He was unable to sleep, complained of headache and walked about restlessly all day. He was diagnosed as an 'acute anxiety state' and offered in-patient treatment but refused it. Becoming increasingly difficult and aggressive, his discharge from Auxiliary Service was secured and a job found for him in the country. Soon afterwards he gave this up, returned to London and got a job for himself (he had originally worked 'on his own'), where he remained. In general it could be said of the 'bombed out' group that whenever cases showed a marked degree of restlessness or jumpiness, talked incoherently or gave other indications of mental confusion for more than 24 hours following the raid it was not difficult to elicit a previous history of 'nervous' disability. Dorothy Hardcastle also reports cases of mental defect and epilepsy whose post-raid condition necessitated institutional treatment.

On the other hand, with cases in which, despite a previous history of mental stability, a degree of raid-shock was observed, it was often easy to observe that the *social difficulties and strains* endured by the patient had predisposed to breakdown. Dorothy Hardcastle calls attention in

⁵ Contributed by Mrs. Dorothy Hardcastle.

particular to the effect of being bombed out on old people who, although apparently stable enough in peace-time, became unable to fend for themselves. In one case observed, the factor of loneliness was evidently decisive. A woman of 65 with no relatives, living in one room, was bombed out and billeted with a friendly family. She was unable to adjust in the new neighbourhood. She became depressed, confused and unable to look after herself. By way of contrast another old lady,⁶ physically very frail and almost blind, was living quite alone after her room had been rendered all but uninhabitable. The neighbours had been evacuated. Despite some evidence of strain, she stood up well to the experience and on subsequent evacuation spent most of her time looking after sick people in the household. In any case, the effect of loneliness was not confined to the aged. B. Cooke reports the case of a young married woman whose husband had been recently called up. She was terrified of air raids and after being 'bombed out' confessed that she could not stand her isolation any longer. Her nearest friends lived in the North of England, but she felt quite incapable of taking any practical steps to relieve her intense loneliness by going to them. Arrangements were made to evacuate her and she was given the necessary money and instructions. In a few days she turned up, saying that she had been unable to make the effort. After some further encouragement she went to a country Rest Centre where she had plenty of company. Some days later she had entirely recovered her poise and set off of her own accord to her friends in the North.

Another factor of importance in assessing 'bombing' reactions is that of *responsibility for young children*: e.g. the situation of a mother, left alone with several small children, worn out with the strain of coping with them under shelter conditions without the support of husband or other adult. B. Cooke describes a number of different types: e.g. 'One mother of four young children came into the office in a rather hysterical state and practically demanded to be evacuated at once as she could not bear the bombing any longer. It turned out that she had been given a billet in Scotland but that she had to wait for her billeting form to be returned before she could get the free travel vouchers. There was much postal delay at the time and she declared she could not wait—she would never get the form back. Her husband was expecting to be called up—she would not let him go, she would hide his papers if they came, she would not be left alone with the children. Two of her children were present at this interview and she alternately pushed and scolded them or smiled lovingly at them. Finally she flounced out, refusing to be pacified and indignant because we would not give her the money for their fares.

Another mother, also with four young children, came up one day looking completely worn out and exhausted. She wanted to be evacuated and was pleased at the prospect of having a billet found for her and promised to come again for further news. She never turned up and later when she was visited at home she was undecided as to what she wanted to do. In the end she did nothing further and remained where she was. In striking contrast to these two mothers was a woman who had had ten children and who showed both fortitude and resolution in meeting her bombing experience. She lived opposite a factory that had been badly bombed and there was an enormous crater in the road outside her house which had damaged both the gas and water supply. Most of her windows had been blown out and the houses beyond had been rendered quite uninhabitable. Faced with the impossibility of continuing to live in her home without gas or water, she agreed to let her children of school age be evacuated separately, and a billet was found for her and her three small children in the country. All this took time to arrange and meanwhile she coped extremely well with her difficulties.'

Most of the cases described above belong to a specially selected group, inasmuch as they were usually observed at Rest and Welfare Centres. It was more difficult to estimate the effect of bombing on that larger group of people who tended to evacuate themselves after extensive raiding of the district in which they lived or after their house had been damaged though not rendered uninhabitable. Many of this group showed *delayed reactions* to their experiences, taking the form either of agitation and some degree of confusion or of slow depression and inhibition. But where evacuation took place to an area within easy distance of a frequently raided district it was difficult to distinguish these minor degrees of reaction from the behaviour of other residents who had *not* experienced any form of bombing. Closer examination of the unbombed population uncovered mild degrees of reaction which could not be distinguished from those detected in a selected group after the Munich crisis and during the first year of the War (see Parts I and II). I have collected the records of close on 200 individuals of whom roughly one-half had evacuated themselves after raids. The other half had not experienced raiding but had frequently visited raided districts in the daytime. A rough psychological anamnesis was made in each case. Cases exhibiting definite signs of nervous upset were fairly equally divided between the two groups. And as a rule it was possible in such instances to elicit a previous history of psychopathic reactions. Interestingly enough amongst the 'non-reactors' of both groups a number of clear cases of psycho-neuroses were detected.

⁶ Reported by Miss Barbara Cooke.

Psychopathic 'reactors' belonged mostly to what would once have been called 'narcissistic character types'.

Space does not permit any detailed investigation of the various 'shelter types' of reaction. One special group is however of some interest from the point of view of aetiology. It was made up of persons who were apparently strongly fixated on their family surroundings yet could not live in their own homes. They were sometimes called 'shelter slugs'. One woman of this 'fixated' type, who on examination gave a history of 'neurasthenia', spent both night and day in a public shelter and could hardly be persuaded by her husband to come out between alerts. Another case, an old lady over 70, had recurrent attacks of acute anxiety in an Anderson shelter, usually ending in a fainting fit. She did not feel safe in her own house and demented her family with her indecision as to where she wanted to be during raids. Under ordinary circumstances she was very much wrapped up in her family and would not leave home. She had only once been out of her native district and that when she was a girl.⁷

Changes in Social Reactions.—It has already been remarked that traumatic rupture of transferences and extensive dislocation of domestic and social environment were two of the precipitating factors which, acting on a previously psychopathic disposition, gave rise most frequently to shock reactions. In most cases the immediate social reactions were also affected. In the East End districts of London a number of people who came up from shelters to find their homes destroyed reacted with a mild form of shock which usually took the form of being for a time almost speechless. Even when food was available at mobile canteens they were unable to eat and wandered about in an aimless and apathetic way, returning every now and then to the ruins of their home or street. During this apathetic phase, they were as a rule tractable and docile. They responded increasingly to suggestion and, provided they were given effective care and attention (in other words were treated by spontaneous transference therapy), began to recover rapidly. One of the first reliable indications of this recovery was an interest in practical affairs. There were, however, two forms of this interest. One was concerned with salvaging effects and making new plans for home life and work; the other was in the direction of making claims for compensation. This second form was usually associated with expressions of grievance and resentment. One observer at a Citizen's Advice Bureau which dealt with about 4,000 cases from a heavily blitzed area formed the following general conclusions: ⁸ 'During the first September raids people of naturally good spirit tended to be

excited and elated by the experience of being bombed. They were very communicative about their experiences and escapes and laughed and joked with some excitement about "still being alive". But in the later heavy raids, the same types talked much less about their bomb experiences: they were preoccupied instead with the various claims they had to make, how to fill in forms, where to send them, in fact with the business side of their material loss. For example, a woman who had been bombed out for the third time did not disclose this fact until she was faced with the complication of filling in Form V.O.W.I. for the third time. By contrast, people who were nervous in the earlier blitzes showed much more signs of nervousness in later attacks, although by that time the "safety conditions" were much improved. Whereas at first they may have been able to control themselves, with an effort even when guns were firing outside the window, they were later inclined to cry and shake when sirens were heard even in the daytime.' Incidentally, much of the evidence on this subject is confusing and contradictory. Whereas stress is often laid on the necessity of removing bombed populations from the devastated area, the effect of this was frequently offset where billeting and evacuation arrangements involved a break-up of the family. Again, many observers have reported how, after people had gained some immunity to raid conditions, a temporary evacuation to the country led, as Ritchie Calder aptly puts it, to their 'losing their sea-legs'. Apart from this, it was clearly established during the Dockland blitz that, amongst the bombed population who showed no notable signs of shock (apart from the general 'shake-up' consequent on a dangerous experience), a considerable head of resentment gathered rapidly whenever the local conditions gave or appeared to give a suitable excuse for it. At the earlier stages of the blitz there was unfortunately only too much evidence of bad organization. Resentment at being neglected, ignored or sent from pillar to post had a quite realistic cause. This resentment was directed mainly against local and central authorities. By comparison little anger was focussed on the enemy; and scapegoat hunting (e.g. anti-Semitic feeling) was not unduly high as compared with peace-time tendencies of this sort. For a time the element of reality-justification prevented recognition of the fact that socially directed responses were just as important indications of raid-shock as the symptoms of 'nervous breakdown' with which both medical and lay public were obsessed. Control observations made at some of the same areas at a later period, when air defences and rescue organizations were much more effective, showed that, although diminished in quantity, the quality and to a large extent the direction of these social responses

⁷ Contributed by Miss Barbara Cooke.

⁸ Contributed by Mrs. Evelyn Pember.

remained unchanged. Resentment was again directed primarily at home authorities; but the onus of criticism was not exclusively upon the lack of care, foresight or effective defence: criticism spread to such matters as the political and military conduct of the war or alleged incapacities of the Government on the domestic and industrial fronts. Even when, as was often the case, such criticisms were already current, they were strongly reinforced after raids. Apart from this 'aggressive' type of reaction, there was a notable amount of 'confusion' in social reaction in raided areas: e.g. there was confusion and controversy over siren policies (which admittedly was shared by the general public and sometimes by the authorities themselves); there was confusion on shelter policies (again shared by the general public and by central and local authorities); there were not only grievances but confusions regarding compensation policies, unemployment arising out of raids and other practical details. Where reality circumstances did not permit effective displacement of this confusion, the feeling tended to swing back to details of raid experiences. An interesting example was that of confusion over the various noises heard during raids. Despite frequent opportunities of learning to interpret noises accurately, many people remained in almost obsessional states of doubt concerning their significance as indications of safety and danger respectively. M. Schmeideberg describes the case of a patient, an anxiety type who had a long analysis and reacted surprisingly little to the bombing. One day she expressed relief that she wasn't so afraid as she thought she would be, but added: 'Of course in my district there have been no bombs.' On this being queried, she looked into the matter and found that there had been quite a number, but she said: 'They must have fallen during the week-ends when I wasn't there.' Some time later she informed her analyst that a friend had exploded the mystery: what she had taken to be noises of gunfire were bomb explosions. The discovery made no difference to her reaction.

With regard to other forms of social reaction to raids, e.g. doubt, suspicion, persecutory feeling, changes in social habits, such as eating, drinking, cultivation of compensatory pleasures, spending or saving etc., it is obviously impossible to assess their significance without checking the social reactions to general war conditions observed in the same areas when no raids were taking place, in areas where no raids ever occurred and in the population as a whole. An attempt to provide this check will be made in the concluding part of these notes.

* * *

Statistical Evaluation of Data.—In the meantime we must consider what proportion of the population exhibited major or minor nervous reactions as the

result of the blitz. The earliest reports that came in emphasized with almost monotonous regularity that the incidence of 'bomb neuroses' was 'astonishingly small'. For the first three months of the blitz it was reported that the number of bomb neuroses officially treated in the London Emergency Region averaged little more than two per week. At a meeting of the British Psycho-Analytical Society held some months after the blitz started only one genuine case was reported from the practices of fifteen analysts. In some provincial cities it was suggested that little more than 1 per cent. of the total air casualties were psychopathological. A figure of this sort is quite valueless. There is no indication of the nature of the traumatic situation, no check on the psychological history, no uniformity of diagnostic approach, no correlation with the numbers living within a short distance of the bombed area, and no check for the evacuation (spontaneous or otherwise) of predisposed types. Apart from this a good deal of the astonishment expressed (by medical as well as lay observers) was due to the fact that the original forecasts had been astonishingly alarmist. At any rate it is to be noted that subsequent reports showed a distinct bias in the opposite direction. Many analyses were given of Emergency Hospital statistics, of admissions to asylums, of the suicide rate and so forth, the burden of which was that there were *practically no bomb neuroses*. Despite the fact that all of these methods of approach were subject to gross error, the official view developed that, given adequate rescue, billeting and evacuation work (in a word, satisfactory welfare work) the problem of air-raid shock had solved itself. Though not so grossly inaccurate as the pre-blitz forecasts, this view is, in my opinion, extremely unsound. As has been emphasized on a number of occasions, the majority of shock cases by-passed the Emergency Hospital. Those receiving indoor or out-patient psychiatric treatment were usually referred back from Rest and Welfare Centres by psychiatric social workers and welfare workers. But, as there was a shortage of such workers, the great majority of cases filtered back into the general population or were transferred to evacuation areas, where they received at best some attention from general practitioners. As time goes on, it becomes clearer that a considerable number of severe cases were never observed at any of the various Centres and were treated by practitioners as functional defects. The records of such cases subsequently examined, although sparse, come from a number of raided areas and suggest that with closer investigation many more cases could be unearthed. Attempts have been made to correlate the number of officially recorded cases with the proportion of psychopathic types supposed to exist in the general population. This latter figure has been held to vary between 5 and 10 per cent. But this is a totally untrustworthy estimate,

and nothing is to be gained by such attempts. All we can say with reasonable certainty is that, although the number of major psychopathological reactions was small compared with the total numbers who suffered direct hits and near misses, it was much greater than the official statistics suggest. If we take into consideration the cases which were never treated, or escaped observation or were treated along organic lines, the official total would be at least doubled. As far as minor shock reactions are concerned, even less possibility exists of establishing accurate figures. Judging from the observations made at some Welfare Centres, one may surmise that the proportion of major to minor attacks was not less than 1:5. Apart from the fact that such estimates are little more than guess-work, there is again no possibility of checking them for variation in precipitating or psychopathic factors. Under these circumstances the only possible course is to examine such individual cases or representative groups as are capable of closer investigation. Having summarized any legitimate conclusions from this material, we can only wait to see if these stand the test of later researches. Unfortunately the cessation of the blitz has led to a considerable diminution of work on the subject. In particular, the problem of delayed reactions, i.e. occurring within three, six and nine months of severe blitz conditions, has already been lost sight of.

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Psycho-Analytical Observations on Adults.—One of the first points to be investigated was whether analytical data could provide a check on the observation that many persons suffering from psycho-neurotic symptoms did not react unduly to blitz conditions, and an attempt was made to follow up the records made by a number of analysts on the behaviour of analytical patients during the Munich crisis and in the pre-blitz year (see Parts I and II). Unfortunately it proved impossible to do so. More than half the original twenty analysts were no longer in practice in London. Many of the patients treated by those still in practice had in the meantime been discharged or evacuated. Only in isolated instances was it possible to obtain records of cases followed from the Munich crisis up to and during the blitz. Nevertheless a number of impressions could be formed as to the general reactions of patients during the blitz. These have no statistical value and in any case refer only to persons suffering minor hardships. There are few records of analytical patients experiencing direct hits. Many travelled to London daily for treatment. Of those remaining in London, the majority were never 'bombed out' and merely experienced the general discomfort and stimulation of frequent air-raids, sometimes but not always in heavily

raided districts. With these reservations, the following impressions may be recorded.⁹ There appears to be general agreement that most analytical patients were surprisingly uninfluenced by the stimulus. Fairbairn's view that 'the reaction provoked is in inverse ratio to the reality value of the provoking circumstances' appeared to be confirmed. More detailed examination, however, suggested that this generalization was subject to some correction. In the first place, the signs of spontaneous improvement in symptoms, noted during the Munich crisis and to some extent in the pre-blitz year, were absent. Their place was taken by temporary increases in self-feeling and general prestige. This alteration was most marked during the first six weeks of the blitz. During that period some patients exhibited a degree of elation obviously associated with the discovery that their own fears were less marked than those of some apparently normal people. After a month or so the elation gradually disappeared, its place being taken by a sense of relief at having escaped any damage to life, person and, although to a much less extent, property. In many other cases there was no particular elation but an apparent calmness under trying conditions. No doubt an element of unconscious denial contributed to this lack of reaction. Nevertheless the degree of stability achieved was quite remarkable. W. Schmideberg reports the following remarks made by a case of severe hysteria. 'When I came out with Mr. X. from dinner the blitz was on and incendiaries fell all over the place. He pointed out to me "this was a magnesium one" and that goodness knows what, and ran to investigate. There was I sitting alone in a dark car with the blitz in full blaze, and when he came back after half an hour I said: "If you're more interested in incendiaries than in me you can sleep at the fire station." Then he blamed me for driving into a crater, but I didn't know there was a crater—it hadn't been there in the afternoon.' W. Schmideberg quotes also an obsessional patient's apology for being ten minutes late: 'I am sorry, but a bomb just fell in front of us and my bus had to be diverted—but I suppose that's only an excuse—I am always late.' M. Ruben notes similar experiences with an agoraphobic girl of 10, and describes the apparently unshakable composure of a woman patient who experienced the explosion of a land mine that damaged many houses including her own and killed 24 people. My own impression of the reactions of patients was that, although on the whole these were comparatively slight, this finding is subject to correction for clinical type as well as for the severity of the conditions experienced. Thus, although anxiety cases did not show a marked degree of realistic anxiety, there was some increase in the degree of social sensitiveness and in the amount of neurotic

⁹ Information was obtained from the following analysts: M. Bálint, Brierley, Friedlander, Glover, Willi

and Hedwig Hoffer, Macdonald, Payne, Ries, Ruben, Walter and Melitta Schmideberg, and Stoddart.

anxiety displayed about their personal conflicts. It seemed too that the severity of conversion symptoms increased for a time after heavy raids or narrow escapes. As in the Munich crisis, I observed distinct increases of anxiety in cases of psycho-sexual inhibition and perversion, and in persons with a marked (unconscious) passive homosexual or narcissistic organization. Obsessional cases varied, but on the whole showed little manifest anxiety. They tended however to be more obsessional in their schemes of self-protection. Cases with a latent psychotic organization also showed increased reactions, whereas cases with manifest psychotic traits were apparently unaffected (with the possible exception of paranoid types). As far as I could observe, there was no correlation with the social milieu of the patient except in so far as those who were comfortably off were more ready to evacuate themselves and in any case had a wider choice of safety measures. In my opinion a striking absence of reaction could be correlated with the degree of concern with private conflicts. As for the period following the blitz, there was no particular sign of delayed reaction, except in unconscious levels, where a marked degree of resentment manifested itself in revenge phantasies.

Incidentally there were some interesting observations to be made on the reactions to destruction of property. Many patients exhibited a marked degree of indifference to damage to houses and, although to a less extent, to destruction of furniture. Positive pleasure in scenes of devastation was by no means rare. One case, who in peace-time had experienced considerable pleasure in reading of the destruction and slaughter caused by air raids in the Spanish Civil War, found that during the earlier blitzes this fascination returned. He spent much time visiting all the bombed areas, but after a few weeks the interest gradually diminished. He was an obsessional case with some conversion symptoms and manifest homosexual interests. It is interesting to note, however, that in one obsessional case, showing an unusual degree of fear concerning destruction of the *inside* of houses, the reaction appeared to be due to his fear of magical power, ultimately to the sadistic phantasies associated with it. During a local raid he was impressed by the plaster of the bedroom wall beginning to bulge in and the violent movement of the furniture struck him as uncanny. He had no reaction to the destruction of the exterior of houses.

Summing up these observations from the point of view of the therapeutic situation, it would appear that the most notable reaction, or rather absence of reaction, of analytical patients was due for the greatest part to the effective continuance of the transference situation. The fact that the analyst remained to carry on his practice seemed in many cases to be decisive. Week-end anxieties or anxieties at any unexpected absence of the

analyst were naturally greater. Change of analyst owing to war conditions provoked much more reaction than usual. Even if the change was unavoidable there was a marked resentment against the 'desertion'. Indeed the situation was almost exactly comparable to that noted by Anna Freud and Dorothy Burlingham, viz., that disruption of the family bond was the most traumatic factor for children living under air-raid conditions.

As regards aetiological factors in the situation, the general consensus of opinion was that, as in the case of the Munich crisis and during the pre-blitz year, unconscious factors were ultimately (and often immediately) responsible for such manifestations of improvement or deterioration as appeared, with the one exception of manifestations of realistic anxiety. No new aetiological factors have so far been noted, and the unconscious situations described showed the same variation (according to the analysts' views) as was observed during the Munich crisis. Hannah Ries, for example, reports the following details of a 'raid-analysis'. 'The case was one of severe obsessional neurosis who started analysis in February 1940. At first his analytical work was satisfactory although there were indications of great emotional repression. At the beginning of the blitz and for about four weeks he was proud of his relatively minor fear as compared with that of his more "normal" neighbours. He slept at home and showed no reactions, although I detected an obvious denial of the increasingly real danger. After about four weeks he felt compelled to take refuge in a public shelter. Again he was quite serene at the beginning, cheering his companions who were frightened by bombs. And again he was pleased to be superior to healthy people. After a few nights during which he slept very little, he resolved to leave London for his house in the country nearby. He felt sick in the day-time, having been unable to get sufficient sleep and was afraid of becoming unable to carry on his work. He now came to London twice a week and had treatment only on those two days. When the sirens started to sound in the country and bombs began to fall the patient was simply "shaking with fear". He had a feeling of being unable to escape danger wherever he went. Newspapers and the B.B.C. seemed to justify this feeling, which he knew only too well in relation to his very severe father. It became clear in analysis that his realistic fear had a very irrational background. The patient fully understood the fact of his enormous castration-anxiety, without yet being able to appreciate it emotionally. He told me that without analysis he would have had a total breakdown and have been unable to earn his living. His father would then have been obliged to take care of him. We succeeded in avoiding the gratification of this strong unconscious wish by getting it near to consciousness. The patient had a feeling of insupportable anxiety during a raid unless he was

in bed and could put his head under a blanket. Then he could count the bombs quite cheerfully, like a child who is pleased about an unexpected noise and makes fun of it—as he put it. Thus he could only use the mechanism of denial if he lay in bed and did not need to keep his eyes open. Again he was willing to admit that his infantile fear must be due to a “primal scene” but the nearly total lack of childhood memories and the repression of emotions made it impossible for a time to work through his anxieties. Obviously this patient was unable to get rid of his fear lest by so doing he should become a man and bear responsibility. He is a marked latent homosexual.’

Marjorie Brierley sums up the psychological effects on patients as follows: ‘So far as I can distinguish, the direct effects of war are two-fold. These are present in varying degree in different individuals, but are to be detected in all, both before and after the blitz. These effects concern (a) libidinal energies, (b) aggressive energies. The “self-preservative” effects seem to be determined to a large extent by the fate of (a) and (b).

‘(a) Libidinal effects. There is a shock to the (often already weak) belief in the efficacy of libidinal impulses, both in the psyche and in the outer world. This has a varying result, but shows itself in withdrawal of cathexes, whether from individuals or from social aims, depletion of sublimations, or over-compensation. In two cases, diametrically opposite effects were observed. In one there was over-compensation in transference (analysis was the only good thing left in an abominable world inhabited entirely by fools or monsters). In the other there was flight from analysis (aided, it is true, by very real practical considerations, but basically flight) in order to concentrate on training for a career designed to liquidate guilt, to return good for evil: the libidinal drive to help overcame the deferred aim of assimilating the primary aggressive drives first.

‘(b) Aggressive effects. These are again two-fold. The outbreak of savagery in the external world gives a fillip to infantile aggressive drives and provokes stronger counter-reaction against them, i.e. an overworking of preferred “infantile” methods of defence. These show in increased anxiety and guilt, except where paranoid mechanisms are strong. In the latter case, particularly if the patient can play a part in the war (through civil defence or other means), there may be a diminution in anxiety but increased difficulty in analysis, because the defence is working well. But, if the patient is “unpatriotic”, projection of the “danger” is increased and states of terror supervene. (Such states are difficult to deal with because relief by analysis naturally means facing the intolerable personal urge to destroy. A phobia of bombing of this type will continue to be terrified

by every alert until alerts cease, only becoming perhaps a little better able to support them.) The effect of war was very clear in one anxiety hysteric. The tabooed identification with Hitler and consequent increase in feelings of worthlessness and inhibition in work became very marked. She was a student whose analysis was interrupted by evacuation. After the blitz her father insisted on her giving up her studies to keep house in the West for an invalid mother, i.e.; under internal pressure, caused by the blitz, she reverted to obedience to parents against whom she has been hitherto markedly rebellious.’

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*Psycho-Analytical Observations on Children.*¹⁰—The period covered is from the middle of December 1940 to the beginning of February 1942. The number of children dealt with is 140 (105 resident and 35 non-resident cases). All the children have gone through a long experience of air-raids. With the younger children the pregnancy of the mother was affected in several instances. In 10 cases the father was killed during raids; the houses of 15 children were destroyed or badly damaged. Two little sisters were bombed three times in succession in houses to which they had been evacuated with their mother. Once they were buried under debris but remained unharmed. (Mere blasting of houses is not counted in the survey.) 35 children were regular shelter sleepers before admission, the others slept in Anderson shelters, on ground-floors, in basements or under the stairs; 26 children had been evacuated, 10 with their mothers; 108 children stayed permanently under care as residents or non-residents, 50 of them for more than 6 months, 20 for a year or over. All of the children have seen their family life dissolved by separation from or by the death of the father. All of them are separated from their mothers and have entered community life at an age which is not usually considered ripe for it. Of the resident cases, 100 were under 6 years of age. (Under 6 months: 31; 6–12 months: 7; 1–2 years: 25; 2–3 years: 25; 2–3 years: 17; 3–6 years: 20.)

Intellectual Understanding.—All who were over 2 years at the time of the blitz have acquired knowledge of the significance of air-raids, recognize the noise of flying planes, distinguish vaguely between the sound of falling bombs and of anti-aircraft gunfire, realize that houses will fall when bombed and that people are often killed or hurt in falling houses, appreciate the effects of incendiaries, and fully understand the significance of taking shelter. Many find it difficult to understand why they are evacuated, more particularly since they lived with their mothers during the worst dangers and were sent away afterwards when London

¹⁰ Condensed from a Report on the Hampstead Nursery (Foster-Parents Plan for War Children) by Anna Freud and Dorothy Burlingham.

seemed peaceful. They have the usual difficulties in grasping the significance of death. Their reaction to this is purely emotional. 'War' above all else signifies the period of time during which they have to be separated from their parents. A girl of 4½, thrice bombed, who had apparently grasped the meaning of evacuation, remarked when waiting for the ambulance to be transferred to the 'Country House': 'The War is over and we are going to the country.' The authors warn against over-estimating the degree of intellectual understanding: e.g. 'bombing' is often used for any variety of destruction of unwanted objects; 'London' = home or street; in one case America (where the gift parcels came from) was taken to be 'a merry car'. 'Home' is the place to which all children are determined to return even when they are aware that their house has been destroyed.

Emotional Reactions.—No children were admitted who suffered from bodily injuries. Allowing for this fact, it is significant that, as far as could be observed, *no signs of traumatic shock appeared in these children.*¹¹ So long as the bombing incidents occur when small children are in the care of their own mothers or a familiar mother-substitute, they do not seem to be particularly affected by them. Their experience remains an 'accident'. It is however a very different matter when children during the experience are separated from or even lose their parents. The authors conclude that the children's observation of destruction, death and injury gives rise to delay or difficulty in the successful repression of their destructive and aggressive impulses. The child may turn to incidents of wholesale destruction with primitive excitement, e.g. playing on bombed sites, in craters, with fragments of furniture, etc. 'The real danger is not that the child, caught up all innocently in the whirlpool of the war, will be shocked into illness. The danger lies in the fact that the destruction raging in the outer world may meet the very real aggressiveness which rages in the mind of the child.'

Anxiety Reactions.—'Children are, of course, afraid of air-raids, but their fear is neither as universal nor as overwhelming as has been expected.' Realistic anxiety plays its part. Children fear raids as far as they can understand what is happening. But knowledge and reason play only a limited part. Interest quickly turns away from the unpleasant real things to childish interests, games and phantasies. Fear gives way to an attitude of utter disregard. The authors quote a colleague's observation in a surface shelter into which a mother had shepherd her little son (of school age). For a while they both listened to

the bombs: then the boy lost interest and became engrossed in his story book. The mother frequently interrupted him with anxious exclamations, but he always returned to his book after a few moments, whereupon the mother demanded in angry and scolding tones that he should 'drop his book and attend to the air-raid'. Another type of anxiety (observed in one case) occurred in a 10-year-old girl who had just arrived at the stage of being able to curb her own aggressiveness. The anxiety was due to the wakening up of inner aggressive impulses under the stimulus of seeing killing and destruction going on in the outside world. A third type of anxiety is related to that phase of super-ego formation, when the super-ego is reinforced by a continual reversion to the figures of the outside world and to inner phantasy formations, e.g. fear of father, mother, policeman, animals, ghosts, earthquakes, thunderstorms, etc. 'For children at this stage of development . . . air-raids are simply a symbol for their old fears.' For example, sirens and bombs take the place of thunder and lightning; Hitler and planes are substitutes for the Devil, lions, tigers, etc.; fear of a night air-attack takes the place of fears of being left alone and unprotected by their mothers at night. It is ultimately due to a fear of having done wrong. When children are removed from raid conditions, their raid fears revert to their original form.

The authors lay great stress on the fact that children share the fears of their mothers, and, more generally, of the grown-up world around them. A child in the infant stage of 1, 2, 3 or 4 years will shake with the anxiety of his mother. 'This anxiety will impart itself the more thoroughly to the child the younger its age. . . . The quiet manner in which the London population on the whole met the air-raids is therefore responsible in one way for the extremely rare occurrence of shocked children.' By way of contrast, one mother developed agoraphobia during the raids, never went to bed during alerts but stood at the door trembling. She insisted that her 5-year-old boy should not go to sleep. He had to get dressed, stand next to her, and hold her hand. He developed extreme nervousness and bedwetting. When separated from her by admission to the Centre, he showed no special alarm either by day or by night. Fear of air-raids assumes completely different dimensions in children who have lost their fathers through bombing. In quiet times they tend to turn from their memories and frequently exhibit an uncontrolled and forced gaiety. When, however, a fresh raid occurs they remember and repeat their former experience, living through the mother's emotion rather than their own. 'For these children every bomb that falls is like the one that killed their father and is feared as such.'

¹¹ The authors note restlessness and disturbance of sleep amongst those who had frequented shelters, particularly in the Underground, but point out that many

others showed no such signs even after 10 months' life in large shelters.

Control Observations.—The authors' investigation of the effects of evacuation provides a useful check on the observations of raid reactions. They comment as follows: 'The War acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group. London children therefore were on the whole much less upset by bombing than by evacuation to the country as a protection against it.' The authors' analysis of the effects of evacuation will be considered later (Part IV). But it is relevant to note here some of the reactions observed: e.g. a boy of 3½ found himself reduced to a state in which compulsive formulæ and symptomatic actions played the largest part; a girl of 4 sat for several days on the exact spot where her mother had left her, would not speak, eat or play and had to be moved round like an automaton. Long-drawn-out states of homesickness, upset and despair were observed, compared with which the mental condition of children sleeping on Underground platforms next to their mothers was a state of bliss to which, during their homesickness, all children desired to return. All the advantages in safety, health or comfort to be gained under good evacuation conditions 'may dwindle down to nothing when weighed against the fact that the child has to lose his family in order to gain them.'

* * *

Comparison with 'War Neuroses'.—Before summing up the civilian reactions to the blitz, it is necessary to examine briefly the data concerning 'war neuroses' occurring in the Forces. As regards both incidence and clinical manifestations it is important to establish whether there are any essential differences between the 'war neuroses' of to-day and those of the 1914-18 war, since, obviously, the hunt for 'civilian neuroses' was prompted in the first instance by preconceptions of 'war neuroses' formed up to the end of the Spanish Civil War. Space does not justify any elaborate résumé of the already extensive literature on this subject, but the following points may be singled out as relevant to the present investigation. Effective observation of the war neuroses of 1914-18 was continued for about ten years after the cessation of hostilities, by which time there was little more to record about even the most chronic cases. By then the concept of a war 'neurosis' had been broadened, and it was generally agreed that the traumatic experience, whatever its nature, could 'precipitate' any of the recognized types of neurotic or psychotic disorder. Certain symptoms were however regarded as being characteristic of all varieties (except those with motor paralyses), viz., fixation on the trauma, characteristic dream

sequences, general reduction of functional activity, irritability and tendency to aggressive reactions. Changes in the general character of the individual were also characteristic, particularly of delayed cases. The commonest forms of defensive symptom (discharge or regression) were ritualistic, sensori-motor, autonomic or epileptiform in type. Most of the breakdowns observed during active service were regarded as belonging to the psycho-neurotic type. Anxiety states (with or without a history of neurotic predisposition), physical and emotional fatigue or tension, 'effort syndrome', etc. predominated. In the more chronic cases deeper character changes of a psychotic type were more frequently observed than during acute or intermediate stages.

From the aetiological point of view, the issues raised by these clinical findings are obvious. Granted that anxiety factors play a leading rôle in the precipitation of symptoms, the following questions arise. (a) Do the symptom-formations follow a psycho-neurotic pattern, affecting mainly the *internal economy of the ego*? or do they affect mostly the *functions of the ego in its relation to the external objects of its instinctual drives*? If the former alternative is correct we should expect to find narcissistic psycho-neuroses (depressions) also activated in war; if the latter, we should expect to find changes in psychosexual relation and alteration in 'character' of a type observed in a more exaggerated form in psychotic behaviour towards external events. (b) What variety of anxiety is stimulated by the precipitating factor or by different forms of precipitating factor, e.g. army discipline and social life, passive conditions of defence (as under bombardment), active conditions of attack (such as the necessity to kill under pain of death in the event of mutiny), wounds, concussion, blast and danger of death from a variety of causes (bombs, shell-fire, drowning, crashes, etc.)? (c) Apart from realistic or unrealistic anxiety, what other internal (psychological) traumatic situations (e.g. overcharges of unconscious guilt, etc.) develop as the result of different traumatic stimuli originating in the environment? (d) To what extent are the psychological manifestations complicated by symptoms of 'actual neuroses' (Freud's anxiety neurosis, neurasthenia, etc. — '*Aktualneurosen*') and 'pathoneuroses'?

With these central issues clearly in mind, it is profitable to consider the general clinical findings so far arrived at in the present war. Allowing for the absence of any very detailed scientific investigation of data, for changes in the tempo of modern warfare, and the fact that we are still in the middle stages of the war, the following provisional conclusions appear to be legitimate. There is a general consensus of opinion that the 'war neuroses' of the present war show much the same pattern as those of 1914-18. It is generally agreed that gross

somatic changes are not so much in evidence as during the last war, whereas the preponderance of anxiety symptoms is rather more marked. Extensive amnesias do not however appear to be so common. There is some doubt as to the proportion of true hysterics to psychosomatic manifestations of an 'actual neurosis' (e.g. anxiety neurosis), but both types were present and could sometimes be distinguished by the response to adrenalin, which was apparently absent in many cases of conversion hysteria. A new anxiety factor in the precipitating (or aggravating) series was that of bombing of home and relations. There has been a great deal more outcropping of pre-war neurotic difficulty than was noted at any time in the last war, and it is generally agreed that a psychopathic predisposition is one of the commonest aetiological factors. Apart from the large number of anxiety cases (with or without psychosomatic symptoms), there are well-defined groups suffering from depression, either in a pure form or associated with anxiety. A proportion of these prove to be true psychotic depressions. There is also a definite group showing deeper character changes of a schizoid type, some of which are ultimately diagnosed as schizophrenia. In short the symptom 'scatter' of the war neuroses due to active service conditions does not differ from that observed in the last war. As for incidence, it seems clear that although the percentage rate is much lower than had been expected, this low level is adequately accounted for by the fact that the Army so far has not been extensively engaged in prolonged hostilities. Where the conditions are severe enough or prolonged enough the rate rises rapidly to the level reached under similar conditions during the last war. The rate is also higher in those services where the combatant conditions are more severe and more continuous than in the Army; and this despite the fact that selection of personnel is more stringent in those special services.

Obviously these conclusions on incidence and clinical scatter are subject to considerable correction in the light of more detailed researches on predisposing factors and traumatic conditions, but already the view has gained official currency that change from civilian to army life and discipline, acting on emotionally unstable types or types previously maintaining only a precarious emotional balance, is the penultimate determining factor of war neuroses. This factor has not yet been split into its constituent elements, but already some thoughtful observers of army cases have called attention to the disturbance of unconscious fixations brought about by the change. Sutherland,¹² for example, analyses the various predisposing factors, e.g. rank, age, conscription, previous history, etc., in terms of their emotional significance and suggests that diagnosis should be made in terms of the total personality before, during and after the

traumatic conditions. The factor of previous 'unhappiness' in both conscripts and volunteers is stressed, together with that of escapism and a previous history of psycho-neurosis, either manifest or latent. It was difficult to estimate the significance of physical shock, but the psychological stimulus in many instances was loss of friends, scenes of women and children being machine-gunned or bombed. As regards 'psychopathic personalities', Sutherland states that their emotional integration depended largely on proximity to wives and mothers. Fear of death was stronger in those whose fathers had died in the last war. Helplessness in the face of danger was aggravated by the forms of mechanized warfare but related to a deeper fear of attack by powerful external objects which was responsible for the flight to a state of helplessness and dependence. In short, infantile 'separation anxiety' was the main unconscious aetiological factor, and in the hysterical group a strong latent feminine trend.

These views have been strongly reinforced by study of another group of army casualties, viz., psychological 'breakdown' (neurotic, transitional, psychotic or characterological), occurring in soldiers who have neither endured active service traumata nor experienced air-raids. Although clinically these cases do not present the syndromes peculiar to the acute stages of war neurosis, they show in other symptomatic respects the same clinical scatter. Such investigations of predisposing and precipitating factors as have been carried out indicate that disturbances of the civilian, social setting, together with the strain consequent on having to make hasty adaptations to the social organization of the Army, are decisive. And, as has been indicated, all of these factors can be expressed in terms of the unconscious psychology (fixations, transferences and regressions) of the individual: e.g. even the distinction made between breakdowns occurring with recruits in training, and those occurring with ex-service men who re-enlist, or again with fully-trained personnel, proves on examination to be based on the comparative significance of different 'emotional organizations' both conscious and unconscious. It remains to add that although the number of these apparently 'non-traumatic' war cases is vastly greater than the number of 'war neuroses' observed in this war or proportionately in the last, no dependable inferences can so far be drawn from this fact. To mention only one confusing factor, the whole system of clinical investigation before and after recruitment is entirely different from that adopted in 1914-18.

On comparing the clinical data of the Service neuroses with those of civilian life, three additional points of interest emerge. The relative freedom from neurotic changes in those suffering organic

¹² Sutherland, J. D. (1941), 'A Survey of One Hundred Cases of War Neuroses', *Brit. Med. J.*, 2, 365.

injuries, to which attention was drawn in the last war, does not seem to have been observed so frequently in the war neuroses of to-day. This is borne out by my own experience of civilian reactions. In civilian raid-life the observation or experience of sudden physical injury was apparently one of the causal factors, except in cases of a depressive or conversion type. Secondly, although it would appear that if their transferences are effective, neurotics often do not react much to raid conditions, nevertheless, when they do react, the changes are frequently characterological in type. Conversely, the reactions of previously psychopathic character types are frequently in the direction of the more generalized types of neurotic symptom. This correlation appears to be supported by some of the observations made on Service cases. Finally, a comparison of the *minor* civilian reactions to national crises, and to minor traumata, with the symptom scatter in the major war neuroses (whether due to active service or not) seems to show that in principle there are few structural or functional differences in any of the cases. The most important distinction depends on whether the tension secures endopsychic and somatic expression or whether it is discharged through changes in the relation to environmental objects. Variations depend more on the spread and intensity of the symptom formation, e.g. whether generalized or localized at some point in the psychic apparatus.

* * *

Summary of Principal Conclusions.—(1) *The 'Mass-Neurosis' Myth*: The view current in official medical and administrative quarters, viz., that air-raids would give rise to widespread 'war neuroses', proved to be a myth of an unconsciously apprehensive and appetitive type: it was of the same order as many of the anticipations and rumours prevalent during the Munich crisis. (2) By way of reaction a '*No Neurosis*' *Myth* is now in process of formation. (3) As far as can be estimated, the *actual incidence* of pathological reactions to air-raids was no greater than might have been anticipated by a psychological assessment of predisposing and precipitating factors. Its apparently low rate was due to a number of factors: e.g. (a) owing to the absence of trained personnel and of systematic examination at the most suitable points (Rescue, Rest and Welfare Centres), a great number of cases were never observed or recorded, (b) many psychosomatic reactors were treated for 'organic' illness, (c) the predisposing conditions of civilian life were rarely so severe as those existing under active service in the Army, (d) only a very small proportion of the population in any raided area experienced severe traumatic conditions. For these and other reasons the official statistical material so far available is of very little value. (4) Although extremely varied, *shock reactions*

could be divided into two main groups which overlapped to some extent, viz., clinical symptom-formations and social reactions. The former group could be conveniently sub-divided into four types: (a) *major*, corresponding most closely to the classical 'war neuroses' but with more extensive 'scatter'; (b) *minor*, qualitatively of the same type as major reactions but capable of spontaneous resolution within a few days or, at most, a few weeks—cases of this type were rarely recorded or examined but were probably frequent in incidence; (c) *delayed* type; (d) *vestigial* type. Although the last two groups presented definite 'shock' features, the reactions were difficult to distinguish from those observed in the absence of real traumatic conditions (e.g. at the Munich crisis). In many cases where no psycho-neurotic or psychopathic symptoms of shock were present, *social reactions* were frequently exaggerated (anger, resentment, grievance, aggressiveness) and *social capacities* reduced (undue passivity, confusion, lack of working capacity and of power of adaptation). Social reactions of the 'suspicion' or 'persecution' groups were difficult to distinguish from reactions due to the total 'war situation'. (5) The *actual traumatic factors* most frequently observed were: (a) in severe cases, direct hits and injuries and/or severe bombing over a prolonged period; (b) in mild cases, severe blast, usually followed by some degree of physical injury. (6) The *predisposing factor* most commonly observed in raid-shock was that of chronic mental disturbance. 'Psychopathic' types (emotional instability, maladaptation, lack of working capacity, character peculiarities) reacted most severely. Given satisfactory transference conditions, many psycho-neurotic cases preserved a considerable degree of stability. Psychotic types showed little reaction unless directly involved in a hit. Other important precipitating factors were the following: (a) in severe cases, death of relations or neighbours in the same raid and responsibility for safety of other members of the family involved in the raid; (b) in mild cases, grave or fatal casualties amongst strangers, and extensive damage of the room occupied. In both types the following additional factors were observed: old age, previous evacuation or break-up of the family, lack of friends, isolation, responsibility for children, lack of efficient shelter protection, poor anti-aircraft defences, social and economic insecurity. (7) Certain *post-raid conditions* acted as aggravating (and in some delayed cases as precipitating) factors: prolonged burial under débris, poor rescue organizations, disruption of social services, inefficiency of welfare arrangements, splitting up of family, owing to hospitalization or evacuation, extensive destruction of houses or shops in the raided area (this factor subject to correction in individual cases), disturbances of work, economic difficulties.

(8) *Psycho-Analytical Observations and/or Infer-*

ences: (a) In most cases the anxiety factor was decisive. Realistic anxiety was proportionate to the real danger in all except children, psychotics and those suffering from excessive unrealistic anxiety. Unrealistic anxiety was, relatively, most pronounced in areas bordering on raided districts ('anxiety belts' and 'tracks'); absence of anxiety in safe areas depended on a minimal amount of general 'war disturbance'. (b) The 'psychic situation' underlying most anxieties (and/or guilt) was a disturbance of the existing balance of transferences (whether due to death of relatives, evacuation, domestic and social upheaval or to over-activation of unconscious sadistic or masochistic interests). Psycho-analytical cases with durable analytic transferences stood raid conditions very well. In general, raid conditions tended to shake the individual's belief in the efficiency of libidinal forces and provided an external stimulus to the individual's (unconscious) aggressive tendencies (or unconscious systems defending against these tendencies). (c) Those individuals most frequently, and/or markedly, affected belonged to (1) the 'anxiety-character' group, (2) the so-called 'narcissistic' type, (3) groups having strong unconscious homosexual organization. There was considerable divergence of opinion as to the factors determining clinical variations.¹³ In any case no new ætiological formulations have so far been arrived at. The analytical interpretations made did not seem to differ from those put forward during the investigation of the Munich crisis.

(d) In children of an average age of 2-3 years, enjoying effective emotional contact with parents, no signs of traumatic shock were observed. Where 'positive' parental contacts were absent, or where parents were killed in the raid, or where the protecting parent showed obvious signs of anxiety, the children tended to manifest acute anxieties or inhibitions. The pathological sequelæ of evacuation were particularly noteworthy. Realistic fear was proportionate to understanding of the real danger, but a variety of unconscious anxiety (or guilt) situations were readily activated (through symbolic association) by the real conditions. The latter also reduced the effectiveness of already established repression systems. (9) Although so far no *control experiments* have been carried out (e.g. full analysis by the same analyst of typical Service and civilian cases respectively) there seems no reason to assume any essential ætiological differences between the two types. The most fruitful line of investigation, however, will probably lie in the full analysis of minor, delayed and vestigial types. This would probably permit some accurate distinction between disturbances in internal ego economy and disturbances in external ego economy. Otherwise the study of raid-shock is very largely a study of the nature of precipitating factors.

[* * The remainder of these Notes will appear in a subsequent issue.]

ABSTRACTS

GENERAL

Hanns Sachs. 'Beauty, Life and Death.' *American Imago*, 1940, Vol. I, No. 4, pp. 81-133.

The psychological aspect of beauty is a sensation which enters consciousness directly and immediately, without the need of words, and which therefore defies words, descriptions and definitions. Pure beauty in its highest manifestations does not favour interest in anything or anyone else, not even in the best friend or the most dearly loved sweetheart. It gives a feeling of expansion—not, however, towards other people, but towards a miraculous isolation. Pure beauty drives back those who are willing and able to receive it into the depths of the inner self. It supersedes all their other interests, isolates them and makes them feel sad. The main difficulty is not how to understand beauty but how to be able to stand it. The cartoon has a diametrically opposite tendency: it is the expression of the highest vitality, which overflows

the confines of the individual and inundates all the world around it, blotting out the borderlines of the ego and creating a mood of unbroken gaiety and endless merriment. This id-stage of libido has nothing to do with beauty in its pure form. Beauty is much more closely related to perfect and eternal immobility. What happens to those who are under the spell of poetry is something other than a release from repression. It is the emergence of an emotional experience, hitherto only vaguely known, into full comprehension and intuitive understanding: an id-content is changed into an enrichment of our ego. The creative activity of the mind, in reacting to beauty, and in producing beauty, represents the highest form of the life of the mind, in which all its parts—the id, the ego and the super-ego—are co-ordinated. Death brings with it the striving after permanence, stability, immobility. The presence of death makes itself felt in the sadness of beauty, which in its fulness is more than ordinary mortals are able to face in their everyday

¹³ My own impression remains that symptoms varied in accordance with the original clinical or characterological type, except under three conditions: (1) the actual traumatic situation did not activate (directly or through

symbolic association) an 'unconscious traumatic' situation of pathogenic importance, (2) the unconscious traumatic situation, even if important, was strongly anticatheted, (3) existing transferences were effective.

lives. The super-ego is bribed with the narcissistic satisfaction which the feeling of beauty offers, and thus the active participation of the whole personality is assured. This co-operation makes any destructive or critical attitude of the super-ego towards the ego impossible and prepares the basis on which beauty is built.

Martin Grotjahn.

C. P. Symonds. 'The Neurological Approach to Mental Disorder.' *Proceedings of the Royal Society of Medicine*, 1941, Vol. XXXIV, No. 5, pp. 289-302.

Dr. Symonds opens his Presidential Address to the Section of Psychiatry by a brief survey of Sherington's work on excitation and inhibition in the nervous system and goes on to illustrate its working by the control of micturition. He denies the existence of the unconscious mind and equates all unconscious activity with physiological activity. Dr. Symonds discusses 'central pain', as known to the neurologist, under three headings: 'thalamic', 'causalgia' and 'phantom-limb'. He regards them as variants of the same theme, i.e. 'central derangement', which occurred as a result of excessive physiological stimulus and persists after cessation of the stimulus. (He does not discuss the pathology.) He then draws a comparison between these states of pain and states of fear. Continuing in the same theme, he maintains that a 'central disturbance of feeling' covers the whole field of affective disorder, extending from psychotic conditions, such as manic-depressive insanity, to the psychoneurotic conditions manifesting fear and anxiety. He considers that such conditions as giddiness and a sense of insecurity indicate a disturbance in the labyrinth and that disorders of sleep are similarly due to disorders of the sleep centre in the hypothalamus. In concluding, Dr. Symonds appreciates the value of the Freudian method of approach in cases of hysteria, but denies that unconscious 'motivation' may play any part in the aetiology of other neuroses.

D. N. Hardcastle.

Nikola Šugar. 'Zur Frage der mimischen Bejahung und Verneinung.' ('Concerning the Gestures of Assent and Denial.') And 'Zur Frage der unbewussten Verständigung und der "ansteckenden" Fehlhandlung.' ('Concerning Unconscious Understanding and "Infectious" Parapraxes.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1941, Bd. XXVI, Heft 1, S. 81-87.

In the first of these two short communications, the author points out that the various psychoanalytic assumptions about the symbolism of nodding the head as a sign of affirmation and shaking it as a sign of negation would appear to be somewhat invalidated by the fact that nodding does not everywhere mean 'yes', nor shaking 'no'. In Macedonia, for instance, the converse is true.

But this difficulty can, he thinks, be got over by bringing in the principle of the 'antithetic meaning of primal gestures', in analogy with Freud's principle of the antithetic meaning of primal words, and by assuming that each opposite set of meanings belongs to a separate phase in the development of expressive movement.

In his second communication the author gives two examples to show that the unconscious of one person can directly affect the unconscious of another so as to make him commit a parapraxis.

A. S.

CLINICAL

Phyllis Greenacre. 'The Predisposition to Anxiety.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 1, pp. 66-94.

Freud considers that anxiety is the reaction to danger, and that birth is the prototype of the anxiety reaction. He sees this, however, as operating through the assimilation into the constitution (genetically) of the endless procession of the births of our forefathers. He doubts the importance of the individual birth experience in influencing the quantum of the anxiety response, largely because the birth experience is without psychological meaning; at the same time he emphasizes the continuity of the intra-uterine and the post-natal life.

From the various experimental and clinical observations cited, the question arises whether we may not look at this in a different way. The anxiety response which is genetically determined probably manifests itself in an irritable responsiveness of the organism at a reflex level; this is apparent in intra-uterine life in a set of separate or loosely constellated reflexes which may become organized at birth into the anxiety reaction. How much this total reaction is potentially present but not elicited before birth, and how much birth itself may, even in the individual life, play a reinforcing or an organizing rôle, is not clearly determinable at present. Certainly, however, 'danger' does not begin with birth but may be present earlier and provoke a foetal response which exists at an organic rather than a psychological level. Variations in the birth process may similarly increase the (organic) anxiety response and heighten the anxiety potential, causing a more severe reaction to later (psychological) dangers in life. Painful or uncomfortable situations of the earliest post-natal weeks, before the psychological content or the means of defence have been greatly elaborated, would similarly tend to increase the organic components of the anxiety reaction. Where there is an increase in the early anxiety there is an increase in the narcissism. This situation favours an inadequate development of the sense of reality and furnishes additional predisposition to the development of especially severe neuroses or borderline states.

Author's Summary.

Daniel K. Dreyfuss. 'Zur Theorie der traumatischen Neurose.' ('The Theory of Traumatic Neuroses.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1941, Bd. XXVI, Heft 2, S. 122-141.

The main effect of a traumatic shock, according to the author, is that the accumulated unconscious impulses and affects, which have not been able to find an outlet, are stirred up by the experience coming from without. In consequence, genital libido and Pept.-Cs. cathexes have to be withdrawn and used to keep those impulses under repression. (Two diagrams are given to depict this contrary flow of libido in a traumatic situation and a non-traumatic one). In this way, not only does the libido regress to a pre-genital stage, causing impotence, but some of the pre-genital libido is called in as well. The ego, too, regresses and old defensive reactions come into play once more. In fact, the whole synthetic function of the ego is reversed. A part of the new ego-cathexes themselves become unconscious—or, as the writer puts it, introjected. This depletes the anti-cathexes in the ego, so that former ego-positions become mixed with instinctual quantities belonging to the unconscious. The ego-structure is inundated by narcissistic libido and ego-functions become eroticized.

The writer does not think that the machinery of traumatic processes is different from that of the transference neuroses, since in both it is the excitation itself of the unconscious trends—i.e. the return of the repressed—and not the occasion of that excitation—i.e. the breaking through of external stimuli—which is the important thing. It is true that in the traumatic neuroses the external stimuli are so strong and sudden that the cathexes which the ego has to make have to be much more extensive and rapid than in the transference neuroses. Nevertheless those cathexes are of a sexual nature and similar in kind to the cathexes involved in the non-traumatic neuroses.

On the other hand, the therapy of traumatic neuroses, which is at present almost non-existent, does, he believes, require a different machinery from what is used for the transference neuroses. It should be of a hypnotic and cathartic nature and carried out at the earliest possible stage of the illness, while the 'introject' (i.e. the constellation of affect which has been aroused by the trauma and has been repressed) is still, as it were, a foreign body and not yet part of the personality of the subject. The patients under consideration are especially susceptible to hypnosis, owing to the regressive tendency of their consciousness and to the ease with which they identify themselves with the psycho-analyst viz., a new super-ego (again a sign of regression). Their cathartic reaction will be an anal-aggressive one, partly because of their regressive tendencies, partly as being a method of reacting against the passive condition into which

the shock they have received puts them. Catharsis, moreover, takes the place of the orgasm which they can no longer have as they have retreated from the genital position: it is a kind of pre-genital orgasm.

A. S.

Leon J. Saul. 'Utilization of Early Current Dreams in Formulating Psychoanalytic Cases.' *Psychoanalytic Quarterly*, 1940, Vol. IX, No. 4, pp. 453-469.

From the written case material of about seventy cases which the author used as control, he comes to the conclusion that the early current dreams of an analysis (about ten to fifteen) give the essence of the case. The essence does not consist of the diagnostic and symptomatic picture, but the 'main points of the psychological structure in dynamic and psychic-economic terms as well as the status of the conflict and of the ego'. In the formulation of the case from these early dreams special attention must be paid to certain features only, because of the great variety of material in a dream. Very deep material is excluded and the interpretations must be confined to those tendencies which are readily apparent from the manifest content in the light of history, life-situation and associations. In some instances no structural formulation is possible because the material is chaotic. The author shows specimen formulations of the early dreams of about ten men and women. Four of them were male hypertensives and the nuclear conflicts as expressed in the formulations were closely similar.

Walter Briebl.

C. P. Oberndorf. 'Co-conscious Mentation.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 1, pp. 44-65.

Pathological co-conscious thinking is an obsessional symptom involving thinking itself, and falls into the general categories of splitting of personality, feelings of unreality and depersonalization. In the cases observed it was associated with an unusual libidization of thinking. A concept is proposed which regards thinking as current flow occurring in vertical and horizontal planes and in straight, circular or spiral directions. Co-conscious thinking takes place as a vertical splitting of the flow of thought-current in the same lateral plane. Double conscience and double consciousness are closely related—they may even be identical. Their development is dependent on the need for the protection of the biological ego against the dominance of a super-ego unsuited to ego needs. In some cases studied evidence is brought out suggesting that co-conscious mentation and depersonalization both function as something in the nature of a defence activity against anxiety. This anxiety is latent and perhaps chronic, but when co-conscious mentation is active the anxiety may diminish temporarily. Co-conscious mentation is a mild

form of schism not far removed from unreality phenomena and even from loss of consciousness such as may be induced by pharmacological and psychic shock. The diminution of active anxiety in cases of depersonalization suggests that this splitting process acts as a protection against anxiety and invites further investigation in connection with the phenomena of pharmacologically induced unconsciousness.

Author's Summary.

W. S. Inman. 'The Couvade in Modern England.' *British Journal of Medical Psychology*, 1941, Vol. XIX, Part I, pp. 37-55.

This is an attempt to prove a close temporal relationship between various eye affections (mainly styes and tarsal cysts) and unconscious birth phantasies, the precipitating factor for the outbreak of the illness being traced to special interest in an important birth in the patients' affective circle.

M. G. Evans.

Annie Reich. 'A Contribution to the Psychoanalysis of Extreme Submissiveness in Women.' *Psychoanalytic Quarterly*, 1940, Vol. IX, No. 4, pp. 470-480.

One of the clinical features of women burdened with this problem is over-valuation of sexual intercourse, which to them is an experience of extraordinary intensity. Other features are: low level of self-esteem when absent from the lover, renunciation of the subject's own narcissism and projection of it on to the mate. Masochism, extreme passivity, phantasies of penislessness and childish fixation to the mother are important aspects of the problem. The loved object must always be inflated and over-valued in order to repress the hostile component of the ambivalent relationship. When the strained relationship fails, primitive, aggressive impulses, which were predominant in childhood in relation to the mother, emerge, and there is no longer feeling for and identification with the previously loved object. The 'phallic girl' who has magically incorporated the penis, thus living in a state of satisfied narcissism, has worked out a better solution of her infantile conflicts than the submissive woman who is threatened by her unstable ambivalence and masochism.

Walter Briebl.

Douglass W. Orr. 'A Psychoanalytic Study of a Fraternal Twin.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 2, pp. 284-296.

This paper summarizes the analysis of a male fraternal twin. The outstanding psychological peculiarities connected with the patient's twinship were the following: (1) a struggle between his unique inherited potentialities and an environment that accentuated his twinship; (2) a closely related conflict (not necessarily related to inherited

differences however) between individuality (separate ego) and fusion with the twin (joint ego); (3) a secondary struggle, arising from the first two sets of conflicts, to obtain love and approval from the parents, at times by conforming to the twinship pattern, but at other times by being different from the twin; and (4) another secondary struggle to avoid the anxiety arising from his own hostilities in case the twin excelled and was preferred, or arising from the twin's hostilities in case he (the patient) excelled and was preferred, anxieties that could best be avoided if the patient became as much like his twin as possible.

Author's Summary.

Charles Berg. 'Clinical Notes on a Case Diagnosed as Epilepsy.' *British Journal of Medical Psychology*, 1941, Vol. XIX, Part I, pp. 9-18.

This is a case in which the principal symptom is epileptiform fits, indistinguishable from those of idiopathic epilepsy (i.e. without cerebral injury or toxic condition) though commencing in adult life.

By the technique of analysis unconscious sources of nerve tension are freed from repression. A drama of the most acute emotional intensity, with its origin in earliest childhood, is brought to consciousness. In the course of this process the fits also become conscious and subject to conscious control. In other words, they change their typical epileptic form, are replaced by typically hysteric fits and become, therefore, amenable to cure by psychotherapy.

Author's Summary.

Jules H. Masserman. 'Psychodynamics in Anorexia Nervosa.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 2, pp. 211-242.

The analysis is outlined of a patient with character difficulties, neurotic vomiting and diarrhoea and the syndrome of anorexia nervosa. The organic dysfunctions are shown to be somatic manifestations of a highly complex disorder of personality arising from severe early emotional conflicts, especially in the oral sphere. The most important specific psychodynamism of the patient's vomiting appears to be a symbolic rejection and restitution of her father's phallus, orally incorporated in an attempt to render exclusive her basic passive dependence on her mother; however, the symptom also expresses an aggressive attack on her thwarting parents, masochistic expiation and other psychic overdeterminants. These and other psychosomatic reactions are considered in relation to the present psycho-analytic concepts of the various gastro-intestinal neuroses.

Author's Summary.

Carel Van Der Heide. 'A Case of Pollakiuria Nervosa.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 2, pp. 267-283.

The case of a girl of twenty-three, suffering since

the age of sixteen from pollakiuria, is reported. The symptom was preceded by a long period of hysterical vomiting which occurred after a fellatio phantasy in childhood. The accompanying 'urinary envy, competition and ambition' were found to have developed as a reaction to an oral regression which resulted from traumatic experiences. The pollakiuria had the significance of an unconscious, aggressive defence against sexual wishes. It occurred when adolescent sexuality became a source of conflict and was determined by a history of extreme urinary rivalry secondary to oral regression. Competitive feelings towards men as well as towards women, but also the wish to give in a positive sense, found unconscious expression in the pollakiuria, which also permitted gratification of exhibitionistic tendencies, although in a masochistic way.

Author's Summary.

J. D. Sutherland. 'Three Cases of Anxiety and Failure in Examinations.' *British Journal of Medical Psychology*, 1941, Vol. XIX, Part I, pp. 73-81.

The author finds in these three cases the same motives as those reported by psycho-analysts during the last ten years, namely, the renunciation of manhood, the need for punishment, and revenge upon a parent. He also discusses Stengel's view that the examination has the unconscious significance of an initiation rite.

M. G. Evans.

APPLIED

Géza Róheim. 'Method in Social Anthropology and Psycho-Analysis.' *Man*, 1941, Vol. 41, pp. 109-113.

Róheim attacks the attitude taken up by Westermarck against the psycho-analytic interpretations of anthropological findings (in his paper on 'Method in Social Anthropology' *Journal of the Royal Anthropological Institute*, 1936, p. 223), and also criticizes the diffusionist point of view in general. He shows that certain ideas which exist among primitive tribes are also found in modern individuals who cannot possibly have come in contact with those tribes. He goes on to defend the psycho-analytic explanations of those ideas against Westermarck's charges that they are based upon insufficient evidence. He points out that such explanations do not pretend to be erected upon or proved by anthropological data, but upon psychological data, arrived at by the special instrument of psycho-analysis. The fact that they have subsequently been found to be applicable to anthropological facts may help to confirm their truth, but does not form the basis of it.

Róheim then questions Westermarck's view that we need not accept a psycho-analytic explanation of any anthropological phenomenon so long as that phenomenon can be explained on some other

assumption. An explanation is not necessarily true because it explains. Some explanations are clearly more likely to be true than others, by virtue of being founded on a wider range of data, being less far-fetched, being more coherent, being in better accordance with other accepted truths, etc. One explanation of lightning is that it is the arrow of the Sky God; another is that it is an electric discharge. Yet it is generally accepted that the first explanation is untrue and the second true.

A. S.

Ernst Kris. 'The "Danger" of Propaganda.' *The American Imago*, 1941, Vol. 2, No. 1, pp. 3-42.

If a statement is shaped into a slogan, the power of its appeal may overwhelm that of reason. The slogan calls for emotional response. In the state of suggestion the ego activities are asleep but not totally excluded. Therefore the influence of suggestion is usually not a permanent gain. Insecurity, anxiety, libidinal conflicts and external danger change the level of suggestibility. In such states the ego is in danger of losing control because the subject wants to be released from his own responsibility and sexualize the desire for guidance. The best defence against propaganda is the self-assured power of conviction. The danger of propaganda lies in the fact that propaganda meets with unconscious wishes. A detailed analysis of the principles underlying the propaganda of the German broadcasts is given. One principle seems to be that German propaganda has to confine itself and to repeat itself eternally. Man's emotions, most of all his aggressive impulses, are to be canalized. The ultimate aim of nationalistic propaganda is to drive men into crowd formation so that persuasion is likely to develop into hypnotism. The British broadcast leaders talk as individuals to individuals. Or they talk to organized groups in which the individual does not regress or abdicate his individuality.

Martin Grotjahn.

R. Money-Kyrle. 'The Psychology of Propaganda.' *British Journal of Medical Psychology*, 1941, Vol. XIX, Part I, pp. 82-94.

The subject is treated mainly in relation to German-English relationships during the last war and under the Nazis. People's general susceptibility to propaganda depends upon their degree of independence, or maturity; they are easily influenced by good parent figures and react to propaganda which corresponds with their unconscious phantasies.

M. G. Evans.

Henry Lowenfeld. 'Psychic Trauma and Productive Experience in the Artist.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 1, pp. 116-129.

Susceptibility to trauma, a strong tendency to identification, narcissism, and bisexuality in the

artist are related phenomena. The basis of the drive to artistic accomplishment lies in a heightened bisexuality. Closely related with this is a traumaphilia, which compels the artist to seek and then overcome the trauma in continual repetition. From the latent frustration the artist's phantasy develops. The urge to identification and expression

in work appears as a sublimation of the bisexuality. The frequency of neurosis in artists may be explained by their heightened bisexuality. They are spared neurosis in proportion as they succeed in overcoming their conflicts through artistic sublimation.

Author's Summary.

BOOK REVIEWS

Schriften aus dem Nachlass. By Sigmund Freud. (Imago Publishing Co. Ltd., London, 1941. Pp. ix + 159. Price, 12s. 6d.)

One approaches this posthumous book of Freud's, the last in the famous series of the *Gesammelte Schriften*, with some emotion. And indeed the interest in it is largely a pious one, since it offers us little new of scientific value. The reason for this is that its most important contents are already familiar to the readers of the *JOURNAL* and *Zeitschrift*. None the less we are glad to see them collected together in this abiding form.

The first three contributions, on the subject of the *Studien über Hysterie*, are of some historical interest. They consist of a letter to Dr. Breuer, and two sketches on the theory of that work. One observes that, in spite of starting out from the trauma theory, Freud already at that early date (1893) was engrossed with the important problem of why relatively insignificant events prove traumatic to one person. From this he was led on into investigation of the constitutional factor which was in large part responsible for those events becoming traumatic. One of Freud's most valuable discoveries, and one even yet inadequately appreciated, was that neither a constitutional factor nor a traumatic event alone can cause a complicated end product, e.g. a neurotic conflict, and not even a combination of the two in general, but only the combination of a specific constitutional factor with a specific trauma that intrinsically matches it.

There follows a clever analysis of an apparently prophetic dream where Freud shows natural psychological determinants of what could easily be regarded in an occultistic fashion. The next contribution, on Psycho-Analysis and Telepathy, was incorporated in his well-known publication on this topic, though, being designed for a private audience, it is written more broadly and freely. There is a charming address to the members of the *Verein B'nai B'rith*, on the occasion of their congratulation on his seventieth birthday. He recalls how he had become a member of this brotherhood, a Jewish Club somewhat akin to our Freemason assemblies, at a time when he was being ostracized by his colleagues in Vienna, and he describes the pleasure and solace he had derived from participating in their gatherings for a period of twenty years.

Translations of the three most important

scientific contributions have already appeared in the *JOURNAL*, so that they may be regarded as familiar. They are entitled: 'Medusa's Head', 'Splitting of the Ego' and 'An Outline of Psycho-Analysis'.

Freud was evidently still not satisfied with his presentation of the last theme and had begun yet another version of which some ten pages are here printed. Living at the time in London, he had given it an English title: 'Some Elementary Lessons in Psycho-Analysis'. It is charmingly written and discovers his mode of thought on the technical problem of presentation.

Last, but not least, is a page of short notes from a sort of diary in which he would jot down every week or so ideas that occurred to him. They are of peculiar interest, both on account of their actual content and because of the glimpse they afford us of Freud's method of working.

We may look forward to the appearance of further volumes in the English series of Freud's *Collected Papers*, though they probably will not be identical with the contents of the present volume.

E. J.

Aus Leiden Freudens. By Theodor Reik. (Imago Publishing Co. Ltd., London, 1940. Pp. 406. Price 12s. 6d.)

Reik approaches the much discussed problem of masochism from a new angle. He raises the elementary questions: 'Are we in fact right in saying that the masochist has replaced the common instinctual aim of "pleasure" by another? What is the actual course of events in all the psychic phenomena which we classify under the term "masochism"? Are there traits common to every type of masochistic expression? or is it, in fact, impossible to trace such common characteristics?'

In his endeavour to answer these questions, Reik points out that, wherever there is any question of masochism, three characteristics stand out: (1) the special significance of phantasy; (2) the factor of suspense; (3) the demonstrative feature.

The excessive rôle played by phantasy is undoubtedly the most interesting psychologically. Reik is so convinced of the preponderance of phantasy in masochism that he doubts whether unimaginative people become masochists. Although all perverted sexual excitement demands a certain preparation in phantasy, in the masochistic per-

version this preparation is absolutely indispensable. The masochistic perversion is nothing but a phantasy acted out in reality. The same masochistic phantasy is often jealously preserved, and once it has proved satisfactory it fades only after countless repetitions. Reik adopts Freud's conception that infantile sadism is the root of masochism. This infantile sadism meets with frustration, since the child's surroundings hinder aggressive tendencies. Thus frustration leads to gratification in imagination, and in imagination sadistic actions which the child is unable to put into practice appear fulfilled. But in due course the child goes further and imagines not only the gratification but the punishment too. In time this sequence of aggression towards oneself and towards another within oneself ceases to be adequate. So the child imagines a game with two rôles, in which a strange aggressor attacks the child himself. When this phantasy is acted out in perversion the double rôle is played by two persons. The genesis of the phantasy is that the sadistic aim is turned against the subject, who thus becomes passive, while the genuine active rôle is played by the strange aggressor.

So we see that there are three phases in the development of a masochistic phantasy. The child with his sadistic aims meets resistance from his surroundings. He is weak and cannot fight against outside pressure. Thus the sadistic aim is reversed from active to passive. The idea of punishment is added to the genuine aim and now we have not only an aggressor but a person punished for his aggression. But this stage too is only transitional. The next phase is differently arranged. The sadistic aim is pushed into the background, aggression is forgotten and the conscious mind concentrates on suffering, though in the unconscious the sadistic phantasy still remains. The phantasy (which may be used as a masturbation phantasy, or may merely flash across the mind, or may take the form of a phantasy game) may represent any of the different stages of its development, and quite different phantasies may belong to different stages; but from Reik's observation the acted-out phantasy of the pervert always belongs to the second stage.

This is the genesis of masochistic perversion and of masochistic masturbation phantasies. Another emanation of masochism, its social form, is, however, of more practical importance. What Reik calls 'social masochism' coincides with what Freud calls 'moral masochism'. Reik prefers the term 'social' because he believes that the word 'moral' is too apt to be regarded as a judgement of value. At first sight it seems difficult to see any connection between this particular variation of sexual activity and a particular attitude towards life; yet it is an accepted fact that there is a close connection between the two. It is very rare for a person who has a sexual masochistic perversion to

be unhappy or a failure in every day life, and, *vice versa*, the person who is haunted by misfortune and lives a life of misery very seldom has any tendency towards masochistic sexual activity. As in the case of masochistic perversions, a sadistic phantasy lies at the root of social masochism. This sadistic phantasy too is forbidden by real life, which encourages escape to the realm of imagination. These phantasies invariably contain a sexual and an aggressive tendency. The fate of the day-dreamer is decided according to which tendency is the stronger. If the sexual tendency is preponderant the building up of an acted-out perversion is likely, if the aggressive tendency is uppermost some form of social masochism will be the probable outcome. The sexual masochist enjoys the ill-treatment inflicted upon him by his partner, and it is often inflicted upon him at his own demand. The masochist in social life feels no pleasure at all—he suffers from being humiliated or ill-treated. He is not aware that he provokes his own misfortune—he feels that he is the innocent passive victim of an unkind fate. It seems that his sole pleasure is hidden in the unconscious phantasy; but the condition of suffering is common to both cases.

The phantasy acted-out in perversion can very often be traced back to its origin. It seems that the every day happenings of early childhood are dramatized and elaborated. It is much more difficult to trace the underlying phantasies in social masochism. Reik believes that we are so ready to overlook them because we know them too well. In his opinion they consist not of the happenings of our individual infancy but are the common possession of all of us. We are accustomed to call them religion, tradition or philosophy. They are not individual phantasy formations but accepted parts of general knowledge. They have one common element, the idea that suffering is noble, that by suffering one accomplishes fulfilment.

The second common characteristic of all forms of masochism is the special manner in which the masochist achieves his sexual aim. His rhythm of excitement does not correspond to the normal one. In the normal course of affairs the tension has an inherent tendency to reach a climax and a discharge, while masochistic tension has a marked tendency to prolongation. Reik calls this drawn-out tension 'suspense' in order to make it clear that there is a fundamental difference between it and the normal. This suspense is characterized by a very distinct fluctuation between anxiety and pleasure. The uncertainty which results from this fluctuation has nothing to do with general neurotic uncertainty and is limited to sexual activity. There seems to be a tendency to prolong the tension; but a more thorough investigation shows that the masochistic aim is not to prolong the fore-pleasure but to avoid the end-pleasure. All other perversions cling to the fore-pleasure as an aim in itself, but the maso-

chist shrinks away from end-pleasure because danger and anxiety are involved. Reik stresses the analogy with a typical form of puberty masturbation where orgasm is often evaded or postponed by interrupting the normal activity or by distracting thoughts. Though the masochist desires the end-pleasure, he shrinks away from it—so that two contradictory aims produce a typical vacillation between the pleasurable and the unpleasurable. The process called suspense meets both the inner needs of the person half-way: it satisfies the aim of pleasure and the aim of self-punishment. As Reik points out from clinical evidence, this unfortunate blend leads to impotence or other disturbances in sexual activity wherever the way to an orgasm is not paved by a preceding masochistic scene. There is also another possible outcome, which is that the pleasure is transferred to the preparatory act, thus making the final pleasure superfluous. We must keep in mind that the development of masochism is a lengthy process of many stages and that each stage is expressed differently.

The third characteristic, called by Reik the demonstrative feature, implies the presence of a certain demonstrative attitude on the part of all masochistic persons. They like to display their sufferings, but Reik feels that this kind of display is of a different nature from exhibitionism, because the exhibitionist shows something attractive in order to get something in return. This demonstrative feature is not so obvious in masochistic perversions as in the masochistic character. The history of the martyrs who took comfort from being tormented in public in order to prove their faith is an illustration of these facts. The demonstrative feature leads to another characteristic of masochism—the provocative factor. This tendency is worth mentioning because it is a link between sadism and masochism. The masochist provokes the other person to do him harm or, in masochistic scenes, to hurt him, and gets his pleasure out of the punishment and out of identification with the aggressor.

Every manifestation of the masochist's personality is in some way affected by these three characteristics. We have seen their effects on sexual activity, ranging from phantasy experienced without acknowledged sexual excitement to perversion. In the make-up of the masochistic personality the effect of these characteristics can also be traced. Here they are still more far-reaching. For instance, the suspense factor puts a drag upon all activities. The masochist never reaches his real goal: in the long run he renounces all pleasure in this life and dreams of reward and justification in another world. It is not only religious people who cherish such dreams, for this conception of eternity is to be found in every masochistic character. The rôle of phantasy, too, is stressed to such an extent as to make any failure

in real life insignificant because the day-dreamer is sure of his secret kingdom. The paramount rôle of phantasy favours a particular type of narcissism. Reik assumes that this blend of self-love and extreme pride may be due to frustration at a very early date, which is thus compensated. The submissions and the dependence on the feelings of others are a pretence; in reality, the masochist is convinced that he suffers so much because he is morally better, more sensitive and more refined than other people. The sadism at the root of the masochist's psychological structure makes him provocative and defiant. Reik supposes that a strongly sadistic constitution is probably responsible for the final masochistic make up. In the personal history of masochists, threats and a severe upbringing are not more noticeable than in the life story of others. The masochistic character is a particular blend of unconscious sense of guilt on the one hand and instinctual aims of revenge, violence and ambition on the other. The apparent nobility and the frequency with which such characters are to be met result in their influencing our culture and colouring our philosophy of life.

Reik investigates the relation of masochism to sex. He does not adopt Freud's term of 'feminine masochism' because he thinks it misleading. If we ask in which sex more masochistic perversion is to be found, the answer is certainly in the male. What seems 'feminine' in masochistic activity is passive or submissive, but there are no outspoken characteristics of female sexuality. The sexual aim of the female is not to suffer but to be loved. Masochism in men may be expressed as a feminine tendency in man. The masochistic scenes and phantasies are reversals of sadistic aims and reproductions of the child's picture of adult sexual life. The rôle the masochist plays is the rôle that he, in his misleading infantile conception, believed to be the feminine rôle. This is a simplified picture of Reik's views on the relation between femininity and masochism. I have omitted the additional rôles played by the sense of guilt, narcissism, exhibitionism and, what is more essential in this respect, homosexual passivity, because these factors are well known to all analysts. Reik also raises a most interesting question, reviewing the whole puzzling picture of reversals, misunderstandings and reactions, which compose masochistic scenes, and asks whether it does not boil down to a regression to the mother-child relationship. Is it not a distorted revival of the stage, before the Oedipus situation, in which the mother was the sole ruler of the child's body and soul? Is not this sequence of giving in and defiance, punishment and gratification, a repetition of a bygone period, where punishment and loss of love were to be feared from the omnipotent mother? In ancient cultures we see the embodiments of this conception in the cruel mother goddesses and the long chain of cruel mythical women, such as Salome, Turandot and others.

Reik does not share the opinion of various analysts that masochism is an inherent feature of female sexuality. He does not, of course, deny that biological factors (menstruation, defloration, childbirth) tend to produce masochism, but he stresses the point that education and tradition too favour masochism in women. In the female, as in the male, masochism starts with a sadistic phantasy. Reik, however, believes that anatomical and educational factors cause female sadism to be less ferocious. The aggressor is again a woman, and, though a man very often stands in the foreground, he disappears when the phantasy is traced to its beginning. Female and male masochism have in common the figure of the aggressor. The period at which the masochistic phantasy develops is also that in which the very first educational demands are made by the mother and consequently the phantasies are grouped round the mother.

After having studied the basis and the reactions of masochism, we are now able to answer our original question: is it true that the masochist has pain and humiliation as his instinctual aim? The answer is in the negative. The masochist aims at pleasure just as everybody else does. Only it often happens that the masochist never reaches his final aim of pleasure, that he is held up on his way to pleasure, that he contents himself with a compromise. Secondary gains, such as avoidance of anxiety, narcissistic satisfaction and a false hope of an ever-postponed fulfilment, have to compensate for the missing primary satisfaction.

If we compare Freud's conception of masochism with Reik's, we see that Reik shares all Freud's basic views. He stresses more than Freud, however, the sadistic root of all masochistic phenomena, and he describes masochism not as an independent instinctual aim, but as a diversion, as a roundabout path imposed by internal and external factors. Masochism is not a direct derivative of aggression: it is the outcome of a long development. Failure and frustration and later the fear of punishment lead to a reversal of instincts. It is essential to this development that the change occurs first in phantasy and not in reality. So far Reik follows Freud's findings and views. He extends existing knowledge by describing in more detail the part played by phantasy in all masochistic phenomena. Still more important is his description of the masochistic rhythm of obtaining discharge—suspense, with all its implications. He places the beginning of the development of masochism very early—in his view it occurs during the period of the very first educational demands: the demand for cleanliness and so on is the starting point. In any case, the fixation of a masochistically shaped mother-child relationship seems to be established for both sexes at a time before the Oedipus situation is reached. Unlike Freud, he states that he has never met any indication of the presence of death instincts. He believes that there

are no traces of a self-destructive tendency in the infant and what we see as self-injury or self-annihilation in adults can be explained as sadism or its derivatives. Reik does not deny the theoretical possibility of a death instinct, but this conception does not enter the field of his investigation.

We are indebted to Reik for his painstaking and elaborate description of masochistic phenomena and the consequences of those phenomena. He has enriched our knowledge of masochism and paved the way to further investigation.

One criticism which may be made is that the description of the social forms of masochism lacks the thoroughness which Reik has given to the investigation of sexual perversion and masochism in sexual activity. To a reader not very well acquainted with the topic it might not be clear that this social masochism is in fact a subterranean and confused form of sexual excitement based on masochistic phantasies. Those phantasies are often conscious but the sinister effects of them are never realized.

I imagine that further investigation will have to begin where Reik has left off; and the next step should surely be to examine the rôle of the repetition-compulsion and the death instinct in the masochistic make-up.

Hedwig Hoffer.

The Inter-Relationship of Mind and Body. (Vol. XIX of the Proceedings of the Association for Research in Nervous and Mental Diseases.) (The Williams and Wilkins Company, Baltimore, 1939; Baillière, Tindall and Cox, London. Pp. xx + 381. Price 36s.)

It is impossible to do justice to this book in a single review, for it contains twenty-two contributions dealing with all manner of themes related more or less closely to the body-mind problem. Mention will be made only of a few of the articles likely to be of most interest to psycho-analysts.

One of the most stimulating articles is that by John C. Whitehorn, entitled 'Physiological Changes in Emotional States'. Medical prejudice tends to represent emotion as something morbid and to evade the problem also by attempts to 'explain' emotion as being something else, as in the James-Lange theory. There is an implication that one *ought* to be able to explain emotion by reference to somatic correlates, e.g. in the circulatory and respiratory systems. This view is associated with Kraepelin's formulation of the manic-depressive psychosis and the assumption that it is the 'physiological' disorder that maintains the mood. The fact is that no such clear-cut relationship has been established, and Whitehorn prefers the biological or functional theories of emotion, mentioning among others the names of Darwin, McDougall, Freud, Meyer and Cannon.

Whitehorn holds that the fundamental thing in emotion is 'the acute emotional experience', which

he describes as 'a biological condition characterized subjectively as an excited, tense feeling with a considerable tendency to act, but with some uncertainty as to what to do, and characterized objectively by motor restlessness or activity . . . together with sudden changes in visceral activity'. The experience is unpleasant, but has as its biological function the precipitation of an internal crisis in which habit is interrupted and more raw or primitive facilities for biological adjustment are summoned up. Disruption is normally followed by re-integration, but this resolution may be blocked by inhibitory training, and the result is anxiety. Conventional motor and verbal reactions in an emotional experience serve as an escape from its emotionality, and this defensive process is exaggerated in neurotics. In psychotics, however, apparently extremely emotional behaviour may run parallel with a steady heart rate, and Whitehorn thinks this stereotyped emotional response spares the patient inner distress. Thus, affective disorders would not be disorders of the inner emotional experience, owing this appearance to a mere persistence of the conventional symptoms of emotion and representing a miscarriage of the emotional function. The noxious agent producing anxiety states and hypochondriacal, hysterical or obsessional reactions to anxiety is not emotion *per se*, but rather is it the negative personality factors due, for example, to suppressed resentments and ill-digested defeats.

Such a view is familiar to psycho-analysts, but is perhaps less widely recognized in other psychiatric circles. It is a particularly stimulating and valuable mode of approach to some of our war-time problems, such as states of prolonged anxiety after bombing.

Felix Deutsch discusses three cases of asthma in considerable detail to illustrate psycho-somatic interaction. In two female cases, the attacks could be provoked by stimulation of latent hatred of the mother. In the third case, a male obsessional, incidental asthmatic attacks were also associated with rebellion and hatred directed towards the mother.

Deutsch's discussion of the rôle played by psychological factors in these disorders is a little obscure. He attaches much importance to coincidence in time of an organic disorder and an emotional *impasse*, which brings about a permanent amalgamation of the organic symptomatology and the emotional process. His views could thus link up with those of Whitehorn if we suppose that the patient substitutes his organic symptoms for the acute emotional reaction, which he shrinks from working out directly. Stanley Cobb criticizes Deutsch's use of the word 'organic' as the expression of an outworn dualism of body and mind.

Leon Saul cites the sudden cessation of symptoms such as headache, diarrhoea or high blood-pressure with the achievement of insight in psycho-analysis. These are transient effects, and for lasting results transference working-through is necessary, enabling the patient to master his symptoms by making conscious his emotional problems.

Mandel Cohen and Stanley Cobb describe a case of hysterical hyperventilation tetany treated by hypnotic suggestion. Before suggestions were given, the respiratory rate was 110 and there was an extreme degree of alkalosis of the blood. The fists were clenched in a manner suggesting a hysterical dramatization of tetanic carpal spasm. The suggestion 'Open your hands' caused the fists to be unclenched, but they then assumed the typical tetanic position. There was no change in the alkalosis. The patient was then instructed to breathe slowly, with the result that the blood returned to normal, and the tetanic spasm disappeared. This interesting observation affords a quantitative demonstration of the profound bodily changes that can be brought about by psychological means.

Space forbids discussion of many other interesting papers, such as that on the relation of the electrical activity of the brain to states of impaired consciousness, including sleep and dreams. Most of the articles will require careful study.

W. H. Gillespie.

Psychiatric Dictionary. By Leland E. Hinsie and Jacob Shatzky. (Oxford University Press, New York, 1940. Pp. 573. Price \$10.50.)

This psychiatric dictionary, combining as it does features of a handbook, an encyclopædia and a lexicon, fills a need for physicians, social workers and others interested in psychiatric and sociological literature. It is often confusing that so many psychiatric terms are used in various and varying senses by different writers and even by the same writer. The authors of this dictionary have gone to great pains to remedy this defect by quoting from original sources many definitions and concepts. This is especially noticeable in the field of psycho-analysis, where often as many as three quotations from qualified investigators tend to round out the concept. An initial work covering so wide a field must necessarily show omissions here and there and perhaps disproportionate emphasis in certain particulars. But as it stands at present the book is well nigh indispensable for the library of any psychiatrist and the future editions which seem destined to follow will undoubtedly extend the scope of a careful and painstaking work.

C. P. Oberndorf.

PUBLICATIONS RECEIVED

[Appearance in this list does not preclude subsequent notice.]

A. BOOKS

A Long-Term Study of the Experimental Neurosis in the Sheep and Dog. By O. D. Anderson and Richard Parmenter. (Psychosomatic Medicine Monographs, Vol. 2, Nos. 3 and 4.) (Washington : National Research Council, 1941. Pp. viii + 150. Price, \$3.50.)

Lectures on Conditioned Reflexes. Vol. II: *Conditioned Reflexes and Psychiatry.* By Ivan Petrovitch Pavlov. Translated and Edited by W. Horsley Gantt. (London : Lawrence & Wishart Ltd., 1941. Pp. 199. Price, 8s. 6d.)

Psychogenic Factors in Bronchial Asthma. Part II. By Thomas M. French and Franz Alexander, with the Collaboration of Various Authors. (Psychosomatic Medicine Monographs, Vol. 2, Nos. 1 and 2.) (Washington : National Research Council, 1941. Pp. iii + 236. Price, \$3.00.)

The Impulse to Dominate. By D. W. Harding. (London : George Allen & Unwin, 1941. Pp. 256. Price, 7s. 6d.)

B. PERIODICALS

Archives of Neurology and Psychiatry (Chicago).
British Medical Journal (London).

Bulletin of the Menninger Clinic (Topeka).

Journal of Criminal Psychopathology (New York).
Man (London).

Medical Record (New York).

Mental Hygiene (New York).

Psychiatry (Washington).

Psychological Abstracts (Providence).

Psychosomatic Medicine (Washington).

Revista de Neuro-Psiquiatria (Lima).

The Australasian Journal of Psychology and Philosophy (Sydney).

The British Journal of Medical Psychology (London).

The Journal of the American Medical Association (Chicago).

The Psychoanalytic Quarterly (New York).

The Psychoanalytic Review (New York).

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

EDWARD GLOVER, GENERAL SECRETARY

I. REPORTS OF PROCEEDINGS OF SOCIETIES

American Psychoanalytic Association

TOPEKA PSYCHOANALYTIC SOCIETY

1940

September 28. Dr. E. Lewy : 'The Return of the Repression.'

October 19. Dr. S. Allen : 'An Hour with a Schizophrenic Patient.'

December 14. Dr. Edoardo Weiss (by invitation) : 'Emotional Memories and Acting Out.'

1941

February 22. Dr. E. Geleerd : 'Compulsive Masturbation in a Seven-Year-Old Girl.'

April 2, 3, 4. Dr. G. Zilboorg (by invitation) : 'Schizophrenia, i, ii, iii.'—Dr. G. Zilboorg : 'The Sense of Reality.'

May 25. Dr. E. Simmel (by invitation) : 'The Super-Ego in Organic Disease.'

II. REPORTS OF TRAINING ACTIVITIES

TOPEKA PSYCHOANALYTIC SOCIETY

1940-1941

(Under the auspices of the Chicago Institute for Psychoanalysis)

Seminars and Courses. Topeka : Dr. R. P. Knight : The Structure of the Neuroses.—Dr. M.

O'Neil Hawkins : Child Analysis.—Dr. E. Lewy : Character Disturbances. (Didactic Seminars).—

Dr. R. P. Knight : Psychoanalytic Psychiatry.—

Dr. K. A. Menninger : Psychoanalytic Technique.

—Dr. K. A. Menninger : Psychoanalytic Psy-

chiatry.—Dr. W. C. Menninger : Psychoanalytic

Psychiatry. (Case Seminars).—Los Angeles : Dr.

E. Simmel : Seminar on Freud's Clinical and

Theoretical Papers on Individual Neuroses and

Psychoses.—Clinical Conferences.—Educational

Seminar. Psychoanalytic Problems in Education.

—Dr. O. Fenichel : Seminar on Dream Inter-

pretation.—Case Seminar.—Literature Seminar.—

San Francisco : Dr. S. Bernfeld : Case Seminar.—

Literature Seminar.

Training Committee : Dr. R. P. Knight, Dr. E.

Simmel, Dr. K. A. Menninger.

Number of Candidates : In preparatory analysis :

11. Conducting case work under supervision : 5.

Total enrolment : 16.

Dr. K. A. Menninger.

BRITISH PSYCHO-ANALYTICAL SOCIETY

1940-1941

Number of Candidates : On June 30, 1940, the total number of candidates on the Training List was 13 (in active training), of these 7 candidates in analysis, 4 taking cases under control (1 of which

also in analysis), 2 in child training. During the year 9 candidates were newly admitted, of these 1 resigned during the year. Of the 7 candidates who had had to suspend training the year before 1 has taken it up again. Nine others had temporarily to suspend training owing to war conditions, 3 of these have resumed. Four candidates were passed to treat cases under control, 2 candidates were passed for child practice, Dr. P. Heimann, Miss Gwen M. Evans. Two candidates were passed to take a child case under control, 6 candidates were passed for seminars.—*June 30, 1941.* Eighteen candidates in active adult training (12 in analysis, 6 taking cases under control, 1 of whom is also in analysis, 11 attending seminars). Three candidates are waiting to start analysis, 2 waiting to continue analysis, 7 suspended owing to war conditions.

No lectures could be arranged owing to war conditions. Miss Anna Freud has been conducting *practical seminars* fortnightly since January 1940. A *reading list* drawn up by Dr. Brierley in collaboration with Dr. E. Bibring was circulated to all candidates and they were advised that they are expected to follow this curriculum accurately and to regard it as a substitute for lectures and theoretical seminars which it was impossible to arrange owing to war conditions.

Training Committee: Dr. M. Brierley, Miss A. Freud, Dr. E. Glover (Chairman), Mrs. M. Klein, Dr. S. M. Payne (Secretary), Dr. J. Rickman, Miss E. F. Sharpe, Mr. J. Strachey. S. M. Payne.

III. CLINIC REPORTS

LONDON CLINIC OF PSYCHO-ANALYSIS 1940-1941

Consultations.

The total number of attendances at the Clinic consultations during the year was 63 (34 M., 29 F.) as compared with 81 the previous year and 111 the year before; 62 patients were adults, 1 was a child and was advised.

The 62 adults were dealt with as follows:

Advised at the time of examination	10 (5 M., 5 F.)
Recommended treatment	52 (29 M., 23 F.)
Of these latter:	
Offered Clinic vacancies	10 (4 M., 6 F.)
Offered private vacancies (at nominal fees)	7 (6 M., 1 F.)
	17 (10 M., 7 F.)
Transferred to Temporary Psychological Aid Centre	7 (5 M., 2 F.)
Put on the waiting list	28 (14 M., 14 F.)

Diagnosis.

The following is the provisional diagnosis of the 52 who were recommended treatment; it is subject to revision after treatment has begun.

Anxiety hysteria	9 (3 M., 6 F.)
Phobia	3 (3 M., —)
Claustrophobia	1 (— 1 F.)
Conversion hysteria	1 (— 1 F.)
Obsessional neurosis	9 (7 M., 2 F.)
Hysteria	5 (2 M., 3 F.)
Depression	3 (1 M., 2 F.)
Stammering	3 (3 M., —)
Character	3 (1 M., 2 F.)
Inhibitions	1 (1 M., —)
Frigidity	2 (— 2 F.)
Homosexuality	1 (1 M., —)
Aggression	1 (1 M., —)
Hypochondria	2 (1 M., 1 F.)
Schizoid	3 (3 M., —)
Paranoid	2 (2 M., —)
Manic-depressive	2 (— 2 F.)
Social maladjustment	1 (— 1 F.)

Waiting List.

The number on the waiting list at the end of the year is 29 (17 M., 12 F.), as compared with 87 last year and 87 and 142 the two years before. Two factors made it possible to reduce the number of patients on the waiting list greatly. First, circumstances connected with the war, as call-up, evacuation from London, work in the country, change of address without notifying the Clinic. After all patients on the waiting list had been circularized, those who replied in the negative, or did not reply, or whose letters were returned through the post were struck off the list until further application. Second, as is shown by the figures given above, it was possible to dispose of a good many cases at once either through the Temporary Psychological Aid Centre or through the kind offer of some analysts to devote their spare time to Clinic cases at practically nominal fees.

Under Treatment.

There are at present 43 cases under treatment at the Clinic (18 M., 25 F.) and 3 cases under the care of the Temporary Psychological Aid Centre (1 M., 2 F.).

Child Department. Dr. Winnicott reports as follows:

The work of this department during the year has been slight, being especially interfered with by the blitz. *Consultations:* 4 (3 boys, 1 girl). Two of the boys were advised and referred to other institutions. One boy received short treatment, discharged. One girl receives temporary treatment until psycho-analysis will be available.

Cases under treatment:

Girl, aged 17.	Diagnosis:	anti-social.
Boy, aged 14.	„	anti-social.
Boy, aged 16.	„	threatened acute depression.
Boy, aged 3.	„	feeding inhibition.

E. Glover.

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